

Ministry of Long-Term Care

Long-Term Care Operations Division Long-Term Care Inspections Branch

Ottawa District

347 Preston Street, Suite 410 Ottawa, ON, K1S 3J4 Telephone: (877) 779-5559

Public Report

Report Issue Date: July 29, 2025

Inspection Number: 2025-1537-0005

Inspection Type:

Complaint

Critical Incident

Licensee: City of Ottawa

Long Term Care Home and City: Centre d'Accueil Champlain, Vanier

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 22-25, 28 and 29, 2025

The following intake(s) were inspected:

- Intake: #00150179 related to a complaint about a bed refusal.
- Intake: #00150403/CI #M511-000025-25 related to the improper/incompetent care of a resident.
- Intake: #00151266/CI #M511-000028-25 related to a fall resulting in injury.
- Intake: #00152101/CI #M511-000029-25 related to a fall resulting in injury.
- Intake: #00152868/CI #M511-000032-25 related to a fall resulting in injury.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services



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Falls Prevention and Management Admission, Absences and Discharge

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan. Specifically, when the staff did not reposition the resident every hour and document in the repositioning flow sheet as indicated in their plan of care.

Sources: Resident's health records, interview with Personal Support Worker (PSW), Registered Practical Nurse (RPN), Registered Nurse (RN) and Care Manager.

WRITTEN NOTIFICATION: Documentation

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.



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The Licensee has failed to ensure that the provision of the care set out in the plan of care were documented. Specifically, in July 2025, a resident sustained a fall. A staff member conducted hourly rounding as per the plan of care but did not document in the resident's flow sheet.

Source: Resident's health records, interview with Registered Nurse (RN) and Personal Support Worker (PSW).

WRITTEN NOTIFICATION: Licensee consideration and approval

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 51 (7) (b)

Authorization for admission to a home

s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless.

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

The licensee has failed to comply with FTLCA section s. 51 (7) b whereby the licensee refused an applicant's admission to the home based on reasons that are not permitted in the legislation. Specifically, that the home did not have the nursing expertise to support the applicant's care requirement regarding their behaviours and drinking.



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Sources: Application for admission, homes refusal letter, interview with administrator.