



Ministry of Health and
Long-Term Care

Ministère de la Santé et des Soins
de longue durée

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 8, 2019	2019_627138_0008	003889-18, 017786- 18, 025706-18, 002746-19, 006549-19	Complaint

Licensee/Titulaire de permis

The Ottawa Jewish Home for the Aged
10 Nadolny Sachs Private OTTAWA ON K2A 4G7

Long-Term Care Home/Foyer de soins de longue durée

Hillel Lodge
10 Nadolny Sachs Private OTTAWA ON K2A 4G7

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

PAULA MACDONALD (138), EMILY BROOKS (732), SUSAN LUI (178)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 15, 16, 17, 18, 23, 24, 25, 26, 29, 30 and May 1, 2019.

The following Complaint Inspection intakes were inspected as part of this inspection:

logs #002746-19, #025706-18, #003889-18, #006549-19, and #017786-18 relating to care concerns, the use of the resident-staff communication and response system, medication administration, and infection control practices.

During the course of the inspection, the inspector(s) spoke with residents, substitute decision makers, registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs), a housekeeping attendant, the Chief Executive Officer, the Director of Care, and the Assistant Director of Nursing.

The inspectors observed residents, reviewed resident health care records, reviewed policies, reviewed an internal complaint/concern form, and reviewed internal investigation notes.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Safe and Secure Home
Sufficient Staffing**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES
Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee has failed to ensure that care set out in the plan of care for resident #004 was provided as specified in the plan relating to bowel continence.

Resident #004's health care record demonstrates that a bowel protocol is in place. Inspector #138 reviewed the bowel protocol for resident #004 with RPN #124 who stated that the bowel protocol directs the resident to be provided with specific interventions 3 days after a normal bowel movement. The progress notes for the resident stated that the resident was 4 days with no bowel movement when a specific intervention was provided.

Inspector #138 spoke with Director of Care #108 and Assistant Director of Nursing #117 regarding the bowel protocol for resident #004 and both agreed that the bowel protocol was not followed as directed in the incident described above as the resident was a day late in receiving the specific intervention.

Log #006549-19 [s. 6. (7)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care is provided to the resident as specific in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident-staff communication and response system (commonly known as the call bell system) which uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff.

On April 15, 2019, resident #001 indicated to Inspector #178 that approximately once weekly, the resident will wait approximately twenty minutes for someone to answer their washroom call bell. Resident #001 indicated that staff is supposed to carry pagers to alert them to where a call bell is ringing, but often they do not carry them. Resident #001 indicated that without the pager, the call bell can only be heard at the nurse's station.

On April 15, 2019, Inspector #178 rang the call bell in two different identified rooms on a specific unit. A light showed outside each room when the bell was pulled, but no tone was audible in the hallway. The enunciator panel for the unit is located within the nurse's station, and the panel is visible from the hallway, but the door to the office was closed and the call bell tone could not be heard in the hallway.

On April 15, 2019, RPN #104 indicated to Inspector #178 that the PSWs will hear the call bells if they are in the nursing station, or they can hear them on the pager if they are carrying one. RPN #104 indicated that PSWs are supposed to carry pagers. RN #106



indicated on April 15, 2019, that in the past five months they have only seen one PSW carry a pager.

On April 15, 2019, PSW #103 indicated that they were not carrying a pager, and normally only did so when working in the tub room. PSW #103 indicated that they normally hear the call bells from the hallway, but indicated they did not hear the bell from the resident room where Inspector #178 had activated the call bell.

On April 15, 2019, PSW #105 indicated that they were not carrying a pager that day because they did not have pockets in their uniform, and added that the pagers are heavy. PSW #105 indicated that they could usually hear the call bells from the hallway without a pager.

On April 15, 2019, RPN #104 and PSW #107 both indicated that the call bells could not be heard in the hallway without a pager. PSW #107 indicated that they sometimes carry a pager, and they were carrying a pager on that day.

On April 16, 2019, Director of Care #108 indicated that the call bells cannot be heard on the specific unit when the door to the nurse's station is closed because the enunciator panel is inside the office. The Director of Care indicated that PSW staff is supposed to carry pagers to alert them when a resident rings the call bell.

Inspector #178 reviewed the policy titled Call Bell Response/Paging, Reference Code: Nursing 2014/CBRP, implemented September 1, 2011, with most recent review/revision June 2, 2018. The policy indicated that call bells on the unit will ring through to all the PSWs' pagers on the unit.

As such, because PSW staff failed to consistently carry pagers which provide an audible alert that a resident has activated their call bell, the licensee has failed to ensure that the resident-staff communication and response system (call bell system) which uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff.

Log #003889-19 [s. 17. (1) (g)]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is equipped with a resident-staff communication and response system that is properly calibrated so that the level of sound is audible to staff, to be implemented voluntarily.

Issued on this 10th day of May, 2019

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.