

**Inspection Report under the Long-Term Care Homes Act, 2007****Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**  
**Division des opérations relatives aux soins de longue durée**  
**Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 13, 2020	2020_583117_0010	003685-20	Complaint

**Licensee/Titulaire de permis**

The Perley and Rideau Veterans' Health Centre  
1750 Russell Road OTTAWA ON K1G 5Z6

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

The Perley and Rideau Veterans' Health Centre  
1750 Russell Road OTTAWA ON K1G 5Z6

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

LYNE DUCHESNE (117)

**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): March 9, 10, 11 and 12, 2020**

**The purpose of this inspection was to conduct a complaint inspection (Log # 003685-20) related to an identified resident's falls and the licensee's falls prevention program.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), the Director of Care (DOC), Director of Clinical Care, a Manager of Resident Care Services, an attending Physician (MD), several Registered Nurses (RNs), several Registered Practical Nurses (RPNs), several Personal Support Workers (PSWs), several Occupational Therapists (OTs), a Physiotherapist (PT), and an Administrative Assistant.**

**During the course of the inspection, the inspector reviewed an identified resident's health care record; observed an identified resident room; reviewed the licensee's policies: Resident/Client Care - Minimizing the Restraining of Residents, revised June 7, 2019; Fall Prevention Program, revised August 23, 2017; and Neurological Status Check, revised January 30, 2018; meeting minutes from the licensee's Falls Prevention Quality Improvement Team and Falls Prevention Quality Improvement Program.**

**The following Inspection Protocols were used during this inspection:**

**Falls Prevention**

**Minimizing of Restraining**

**Quality Improvement**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)**

**0 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.



**Ministry of Long-Term  
Care**

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

**Ministère des Soins de longue  
durée**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 13th day of March, 2020**

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

**Original report signed by the inspector.**