



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 13, 2013	2013_199161_0018	O-000676- 13	Critical Incident System

Licensee/Titulaire de permis

CITY OF OTTAWA

Long Term Care Branch, 275 Perrier Avenue, OTTAWA, ON, K1L-5C6

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

PETER D. CLARK CENTRE

9 MERIDIAN PLACE, OTTAWA, ON, K2G-6P8

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

KATHLEEN SMID (161)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): on site August 7, 8, 2013.

During the course of the inspection, the inspector(s) spoke with both Program Managers of Resident Care, RAI-Coordinator, Acting Supervisor of Parks, Building and Recreation and an Administrative Assistant.

During the course of the inspection, the inspector(s) reviewed identified Resident's Health Care Record, observed their room, the inspector opened and closed sliding bathroom doors in several resident bedrooms in order to verify their operation and reviewed several of the home's Policies and Procedures and a Critical Incident.

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

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



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1. The licensee failed to comply with O. Reg 79/10, s. 8(1)(b) in that the home has not complied with their Resident Assessment for Falls Tool (RAFT) Policy, part of their Fall Prevention and Management Program as required by O. Reg 79/10, s.48(1)(1).

O. Reg 79/10, s. 48(1)(1) provides that every home shall have a Falls Prevention and Management Program developed and implemented to reduce the incidence of falls and the risk of injury. A component of the home's Falls Prevention and Management Program is their Risk Assessment for Falls Tool (RAFT) – Policy # 315.08 revised April 2013. The Policy indicates that Registered Staff will complete the Resident Assessment for Falls Tool (RAFT) when a resident experiences an injury from falling that requires hospitalization.

On an identified date, Resident #1 was found on the floor in their room by a Health Care Aide who had responded to the Resident's activated call bell. The Resident stated that he/she had hit his/her head hard on the floor and was experiencing pain in the back of their head. The Resident was subsequently transferred to hospital where he/she was admitted due to a head injury. A review of the Resident's Health Record was conducted and it was noted that the Resident Assessment for Falls Tool (RAFT) was not completed as per Policy #315.08.

On August 8, 2012 discussion held with the home's Program Manager of Resident Care who indicated that the Registered Staff should have completed the Resident Assessment for Falls Tool (RAFT) after the Resident had fallen on an identified date, as per the home's policy. [s. 8. (1)]



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Issued on this 13th day of August, 2013

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

Kathleen Inid