



**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**

**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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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 12, 2016	2016_380593_0023	033274-15, 016472-16, 022057-16	Complaint

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### **Licensee/Titulaire de permis**

The Governing Council of the Salvation Army in Canada  
2 OVERLEA BLVD. TORONTO ON M4H 1P4

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

THE SALVATION ARMY OTTAWA GRACE MANOR  
1156 WELLINGTON STREET OTTAWA ON K1Y 2Z3

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

GILLIAN CHAMBERLIN (593)

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## **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): August 4, 8 - 10, 2016.**

**Three complaints were inspected during this inspection. Log #033274-15 related to maintenance and availability of supplies. Log #016472-16 related to resident safety in the secure unit and log #022057-16 related to care concerns.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nursing Staff, Physiotherapy Staff, Maintenance Staff, Personal Support Workers (PSW) and residents.**

**The Inspector also observed the provision of care and services to residents, observed staff to resident interactions, observed resident to resident interactions, observed residents' environment, reviewed resident health care records and reviewed home policies.**

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

**Accommodation Services - Maintenance**

**Personal Support Services**

**Reporting and Complaints**

**Safe and Secure Home**

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

**2 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis.

Resident #002 has a particular diagnosis and as documented in the plan of care, requires extensive assistance with ADL's.

During an interview with Inspector #593, August 4, 2016, resident #002 reported that since early June, 2016, they have not been shaved. The resident reported that the new DOC said no shaving was permitted and since then, the PSWs have not been shaving them. They have a friend that comes into the home and on occasion has been assisting the resident with shaving. Resident #002 further reported that they have both a wet razor for use in the bath or shower and an electric razor which can be used while they are in bed.

During an interview with Inspector #593, August 8, 2016, PSW #106 reported that they are no longer providing shaving for resident #002 as they were told they were not allowed because they were no longer having a shower. The PSW added that they previously shaved the resident and was unsure why they were not permitted to complete this grooming for resident #002 anymore.

During an interview with Inspector #593, August 9, 2016, PSW #103 reported that they were no longer allowed to shave residents in the home. When asked about shaving of facial hair on female residents and whether this was allowed, the PSW responded, only upon family request. PSW #103 reported that previously they were shaving resident #002 and applying a hair removal product, however the new DOC said "no more" as they were trying to cut down on bathing/showering time for this resident.

During an interview with Inspector #593, August 10, 2016, the DOC reported that it was fine to shave residents as long as it was not the perineal area and this care, if required should be documented in the resident's care plan. The DOC added that if resident #002 was to request this care, the staff should be providing it for the resident.

A review of resident #002's current care plan found a focus related to hygiene and grooming. It was documented that resident #002 required assistance with their personal hygiene with particular interventions related to hair removal management and what was unable to be provided to the resident. There was no interventions related to approved shaving for resident #002. [s. 32.]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management****Specifically failed to comply with the following:**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,**  
**(h) residents are provided with a range of continence care products that,**  
**(i) are based on their individual assessed needs,**  
**(ii) properly fit the residents,**  
**(iii) promote resident comfort, ease of use, dignity and good skin integrity,**  
**(iv) promote continued independence wherever possible, and**  
**(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #002 was provided with a range of continence products that promoted resident comfort, ease of use and dignity.

During an interview with Inspector #593, August 4, 2016, resident #002 reported that they previously was provided full briefs however they were told by the DOC that they can wear a liner. Resident #002 further reported that they did not want to try the liners for certain periods of the day as they did not want to soak through their clothes or bedding. They felt more secure in the briefs and they worked better from their experience. Furthermore, when they wore the briefs on evenings, they were soaked 75-100% and on nights they were soaked 50-100% and was only comfortable wearing the liners for a short period during the day. Resident #002 reported that they had been purchasing their own briefs since they were told the home would not be providing these any more.

During an interview with Inspector #593, August 4, 2016, RPN #102 reported that although resident #002 has other continence management interventions in place, they still leak through and required a continence product. Previously they were wearing a full brief, however the DOC changed them to a liner and since, resident #002 had been purchasing their own briefs. RPN #102 reported that the brief had the same absorbency as the liner, however the liner was a different shape and believed resident #002 may be concerned about soaking through their clothes and bedding. During a second interview with Inspector #593, August 10, 2016, RPN #102 reported that recently, the brief had



been more than 75% soaked when being changed.

During an interview with Inspector #593, August 8, 2016, PSW #106 reported that resident #002 was previously supplied a full brief, however they were told that a liner was sufficient and so the resident had been purchasing their own briefs since. PSW #106 reported that they believed that resident #002 did require a full brief as they regularly soaked the brief and there had been occasions where, the residents clothes and bedding have had to be changed due to leaking.

During an interview with Inspector #593, August 9, 2016, PSW #103 reported that resident #002 wore a super brief as it had a higher absorbancy. PSW #103 further reported that generally when they changed the brief, it was 75-100% full. PSW #103 reported that previously the home provided the briefs however a Tena representative came into the home and assessed the resident as meeting the guidelines for a liner. Now the resident purchases the briefs as the home have only been supplying a liner for resident #002.

During an interview with Inspector #593, August 10, 2016, the DOC reported that they cannot justify three or more briefs per day for resident #002 when a liner has the same absorbancy as the brief and was suitable for the resident. The DOC further reported that the resident had other continence management interventions in place and usually the brief was dry. When told that it was documented and reported by staff that the resident was regularly soaking the brief to 75-100%, the DOC was unaware of this and confirmed that they can go back to the briefs if required.

A review of the progress notes for resident #002 over a one month period, found 14 entries documented where the brief was 75-100% saturated when changed.

A review of the progress notes for resident #002, found an entry where resident #002 met with the Tena Representative and was told that they did not require a brief as they had other continence management interventions in place. It was documented that the resident did not want a smaller product, they only wanted the brief. Another entry documented that resident #002 informed the home that they would buy their own briefs.

A review of the home's policy "Continence Care and Bowel Management Program #E16", revised April 2015, found that the initiated plan of care based on the resident's voiding /elimination patterns should consider resident choices and preferences. Ensure that residents are provided with a range of continence care products that promote



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resident comfort and dignity and that the interdisciplinary team's assessment for continence care and bowel management should support resident comfort and interests.  
[s. 51. (2) (h) (iii)]

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**Issued on this 12th day of August, 2016**

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

**Original report signed by the inspector.**