



**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 1, 2017	2017_593573_0008	006374-17	Complaint

Licensee/Titulaire de permis

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

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

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

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

ANANDRAJ NATARAJAN (573), JOANNE HENRIE (550)

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): March 27, 28, 29, 30 and 31, 2017

The complaint Log #006374-17 related to resident care and services was inspected during this inspection.

During the course of the inspection, the inspector(s) spoke with The Executive Director, Director of Care (DOC), Assistant Director of Care (ADOC), Dietitian, Registered Nurses (RN), Registered Practical Nurses (RPN), the scheduler, Behavioural Support Ontario (BSO) champion staff, Personal Support Workers (PSW) and residents.

Inspectors reviewed resident health care records including care plans, assessments, progress notes, Medication/Treatment administration records (MAR/TAR) and PSW Daily Care documentation. Inspectors reviewed the home's staffing schedules and staffing plan. In addition Inspectors observed the provision of care and services to the residents and observed staff to resident interactions.

The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Medication
Nutrition and Hydration
Personal Support Services
Responsive Behaviours
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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**



Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001 was reassessed and the plan of care was reviewed and revised when the care set out in the plan has not been effective.

Resident #001 was admitted in the home on a specified date with several diagnosis. Resident #001 health care record indicated that for nutritional approaches, the resident is on a specific type of nutritional interventions and was at high nutritional risk. Resident #001 health care records indicated that on a specific date in 2016, the resident was sent to hospital and diagnosed with a specific diagnosis.

Inspector #573 reviewed resident #001 most recent MDS assessment on a specific month in 2016, which indicated that the resident exhibited responsive behaviours for resistive to care (refusal of the care/medications administration and nutritional interventions). Resident #001's current written plan of care identified that resident was resistive to treatment/ care and noted interventions for resistive behaviours.

On March 29, 2017, Inspector #573 reviewed the resident #001's health care records for four specific months and noted numerous documentation outlining that the resident refused the care, treatments, medications administration and nutritional interventions.

On March 29, 2017, Inspector spoke with RPN #102, who indicated that resident #001 presents with resistive behaviours for care/ treatment and was difficult to manage resident's resistive behaviours. Further she indicated that it was often a challenge for registered nursing staff to administer medications and nutritional interventions.

On March 30, 2017, during an interview with home's BSO staff #103, who indicated to inspector that resident was last seen by psychogeriatric team on specific month in 2016. She further indicated that there was no new referral made to the BSO team related to resident #001's resistive behaviours.

On March 30, 2017, Inspector spoke with Home's DOC, who indicated that resident #001's current plan of care for resistive behaviours was not effective in managing the resident's resistive behaviours. Further she agreed with the inspector that the resident was not reassessed and no actions were taken to try different approaches while resident #001's continued to exhibit resistive behaviours for care/ treatment. [s. 6. (10) (c)]



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 resident #001 is reassessed and the plan of care was reviewed and revised when the care set out in the plan has not been effective in managing resident resistive behaviours, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

Findings/Faits saillants :



1. The licensee has failed to ensure that resident #001 with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated.

Resident #001 was admitted in the home on a specified date with several diagnosis. Resident #001 health care record indicated that for nutritional approaches, the resident is on a specific type of nutritional interventions and was at high nutritional risk.

On March 29, 2017, Inspector #573 reviewed resident #001 health care records which indicated that on a specific date in 2016, the resident was sent to hospital and diagnosed with a specific diagnosis. The most recent MDS assessment dated on specific month in 2016, indicated that the resident is on a specific type of nutritional interventions and received 51 per cent to 75 per cent of intake. The goal at the time of this assessment was to prevent further weight loss.

On March 29, 2017, Inspector reviewed resident #001 monthly weight record. Resident #001's weight of a specific month in 2017 weight represented a decline of 7.9 per cent over a three month period. In review of the resident #001's progress notes, there were numerous documentation on several days regarding resident #001 refusals for nutritional interventions. Inspector reviewed resident's health care records for four specific months and there was no documentation/ record regarding the daily total amount of intake that the resident received.

On March 30, 2017, Interviews with the RN #101 and Dietitian indicated that there was no system in place to record the total amount of intake that the resident received through the specific type of nutritional interventions to monitor and evaluate. Further the Dietitian indicated that during resident #001's MDS nutritional assessment, it is often a challenge to evaluate the total amount of intake that the resident received through the specific type of nutritional interventions.

On March 30, 2017, Inspector #573 spoke with the Dietitian, who indicated to the inspector that resident #001 refused to be weighed monthly and also often refused the nutritional interventions. Further the Dietitian indicated to inspector that for resident #001's significant weight loss on a specific month in 2017, the resident was not assessed and the outcomes were not evaluated. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 4.]



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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 resident #001 with the following weight changes is assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated, to be implemented voluntarily.

Issued on this 1st day of May, 2017

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

Original report signed by the inspector.