



**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**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## **Public Copy/Copie du 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>
May 1, 2018	2018_658178_0004	003760-18, 003933-18	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**

SUSAN LUI (178)

---

## **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 19, 20, 21, 22, 23, 28, 2018.**

**The following complaint Logs were inspected:  
003760-18 regarding an allegation of verbal abuse  
003933-18 regarding multiple care issues.**

**During the course of the inspection, the inspector(s) spoke with a resident, Executive Director, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Workers (PSWs), Director of Employee Relations, Nursing Scheduler.**

**During the course of the inspection, the inspector observed staff/resident interactions, reviewed resident health records, records of the home's investigations into an abuse allegation, staff training records, policies for skin and wound care and for zero tolerance of abuse and neglect.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Pain  
Prevention of Abuse, Neglect and Retaliation  
Skin and Wound Care**

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

**3 WN(s)  
3 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 LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**



**Specifically failed to comply with the following:**

**s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:**

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the person who had reasonable grounds to suspect that abuse of a resident by anyone has occurred, did immediately report the suspicion and the information upon which it was based to the Director under the Long-Term Care Homes Act (LTCHA).

On March 15, 2018, resident #001 informed inspector #178 that on or around an identified date, the resident had been spoken to in a verbally abusive manor by PSW #102. Resident #001 indicated that the incident was witnessed by PSW #104, and reported verbally by the resident to RPN #103, who was in charge of the unit.

Inspector #178 reviewed the Critical incident System (CIS) which is used by long-term care homes to report any suspicion of abuse or neglect of residents to the Director under the Long-Term Care Homes Act (LTCHA). No report of resident #001's allegation was found in the CIS.

During an interview with Inspector #178 on March 19, 2018, RPN #103 indicated that on an identified date, resident #001 reported that the resident had been spoken to in a verbally abusive manor by PSW #102. RPN #103 indicated to the inspector that PSW #104, who was present at the time of the incident, corroborated the resident's account. RPN #103 indicated that they reported the incident to the nurse in charge and told the nurse in charge that RPN#103 would inform the DOC of the allegation via email the



following day. RPN #103 indicated to Inspector #178 that resident #001 informed the DOC of the incident before RPN #103 returned to the home the following day. RPN #103 indicated awareness of the requirement in the LTCHA to report suspected abuse of a resident to the Ministry of Health and Long-Term Care (MOHLTC) immediately. RPN #103 also indicated that the home's zero tolerance of abuse policy requires staff to report suspected abuse of residents immediately to their supervisor and to management. RPN #103 indicated that they or the nurse in charge should have informed the DOC of the allegation promptly after the resident reported it, so the DOC would report the allegation promptly to the MOHLTC.

The DOC indicated to Inspector #178 that RN #105 was the RN in charge on the shift when resident #001 alleged to have been spoken to in a verbally abusive manor by PSW #102. During an interview with Inspector #178 on March 28, 2018, RN #105 indicated no memory of ever being informed of the incident of alleged verbal abuse against resident #001.

Inspector #178 interviewed the DOC on March 19, 2018. The DOC indicated that resident #001 reported to the DOC on an identified date, that the resident had been spoken to in a verbally abusive manor by PSW #102 the prior evening. The DOC indicated that the resident's allegation was not reported to the Director under the LTCHA as required by the LTCHA. The DOC indicated that PSW #102 was put on leave, the incident was investigated, and disciplinary action was taken, but that due to an oversight, the allegation was not reported to the Director under the LTCHA.

As such, the licensee has failed to ensure that the persons who had reasonable grounds to suspect that abuse of a resident by anyone has occurred, did immediately report the suspicion and the information upon which it was based to the Director under the LTCHA.  
[s. 24. (1)]



***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 with LTCHA section 24 (1), to ensure that the person who has reasonable grounds to suspect that abuse of a resident by anyone has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director under the LTCHA, to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following:**

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

**Findings/Faits saillants :**

1. As per section 48 (1) of O. Reg 79/10, every licensee of a long-term care home shall ensure that a skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions, is developed and implemented in the home. As per section 30 (1) of O. Reg 79/10, every licensee of a long-term care home shall ensure that the skin and wound care program includes a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The licensee has failed to ensure that the skin and wound care program includes relevant written policies with regards to assessment of all types of altered skin integrity, including skin tears and wounds. The licensee's skin and wound care program includes written policies with regards to assessment of pressure ulcers, but not with regards to other types of altered skin integrity.

Inspector #178 reviewed the home's policy titled Skin and Wound Care Program (Policy #E18), effective September 2002, revised November 2015. This policy was provided by the DOC. The policy indicates that upon discovery of a pressure ulcer, registered nursing staff will initiate a baseline assessment using the Pressure Ulcer/Wound Assessment Record and the Guidelines for use of the Pressure Ulcer/Wound Assessment Record. The policy does not address how other types of wounds or altered skin will be assessed, or who will complete the assessment.

Inspector #178 interviewed the DOC on March 22, 2018 regarding the home's policy for assessment of altered skin integrity. The DOC reviewed the policy titled Skin and Wound Care Program (Policy #E18) with Inspector #178. The DOC indicated that the policy does not include direction for assessment of wounds other than pressure ulcers. The DOC indicated that it is the expectation that staff will assess other areas of altered skin integrity, such as skin tears and surgical wounds, using the Weekly Wound Assessment tool in the home's electronic documentation system, Point Click Care (PCC), assessments section. The DOC further indicated that the policy titled Skin and Wound Care Program (Policy #E18) refers to assessment tools no longer used by the home, namely the Pressure Ulcer/Wound Assessment Record and the Guidelines for use of the Pressure Ulcer/Wound Assessment Record. The DOC indicated that the policy titled Skin and Wound Care Program (Policy #E18) needs to be reviewed and revised to reflect the home's current skin and wound assessment processes. [s. 30. (1) 1.]



***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 with O. Reg 79/10 section 30 (1) 1, to ensure that the skin and wound care program includes a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required, to be implemented voluntarily.***

---

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.





Review of resident #002's health record indicated that the resident required assistance to mobilize, and was at risk for impaired skin integrity. A progress note on an identified date, indicated that the resident had two identified open areas of skin. Review of resident #002's health record revealed no assessment of the identified impaired skin using a clinically appropriate assessment instrument designed for skin and wound assessment.

During an interview with inspector #178 on March 22, 2018, PSW #110 indicated that resident #002 had impaired skin in an identified area, during an identified time period.

During an interview with inspector #178 on March 22, 2018, RPN #109 indicated that resident #002 had impaired skin in an identified area, during an identified time period, and that the resident was receiving treatment for this area of impaired skin integrity. RPN #109 indicated that this impaired skin should have been assessed using a skin and wound assessment tool on the home's electronic documentation system, Point Click Care (PCC). RPN #109 was unable to find any record of such an assessment on resident #002's health record.

During an interview with Inspector #178 on March 22, 2018, the DOC indicated that resident #002's identified impaired skin should have been assessed using the Weekly Wound Assessment-New Skin Issues form in the assessments section on PCC. The DOC reviewed the health records for resident #002, and did not find a wound assessment of the resident's identified wounds using this or any skin and wound assessment tool, on or around the date when it was documented in a progress note that the resident had two open areas of skin.

As such, inspection indicated that when resident #002 developed impaired skin integrity in an identified area, the impaired skin was not assessed using a clinically appropriate assessment instrument. [s. 50. (2) (b) (i)]

2. Review of the health record for resident #003 indicated that the resident fell in the LTCH on an identified date, and sustained an identified injury. Progress notes indicated that resident #003 was transferred to hospital and underwent an identified medical procedure to treat the injury. A progress note on an identified date indicated that the resident returned to the LTCH with a dressing on an identified area of the body, but did not document any assessment of the skin under the dressing. A progress note approximately a week later, documented that the resident had an identified wound in an identified area of the body. Review of resident #003's health record revealed no



assessment of the wound using a clinically appropriate assessment instrument designed for skin and wound assessment. A progress note approximately two weeks after the resident returned from hospital, indicated that resident #003's identified wound was healed.

On March 22, 2018 Inspector #178 reviewed resident #003's progress notes and skin assessments with the home's ADOC. The ADOC indicated that an assessment of the resident's identified wound should have been conducted and documented using a wound assessment tool on the home's electronic software Point Click Care (PCC), when the resident returned from hospital on an identified date. The ADOC indicated that such an assessment could not be found on resident #003's health record.

As such, inspection indicated that when resident #003 returned to the long-term care home with an identified wound, that wound was not assessed using a clinically appropriate assessment instrument. [s. 50. (2) (b) (i)]

***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 with O. Reg. section 50 (2)(b)(i), to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.***

---



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 2nd day of May, 2018**

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

**Original report signed by the inspector.**