

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 21, 2021	2021_909732_0024	011357-21, 011392-21	Critical Incident System

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

EMILY PRIOR (732)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 4 to 7, 2021 and October 12 to 14, 2021.

The following logs were completed during this Critical Incident System (CIS) inspection:

Log #011357-21 (CIS #2873-000005-21) and log #011392-21 (CIS #2873-000006-21) related to responsive behaviours and alleged resident to resident abuse.

Inspector # 720492 was on-site on October 4 to 7, 2021 and 12 and 13, 2021 as an observer.

During the course of the inspection, the inspector(s) spoke with The Executive Director (ED), the Director of Care (DOC), a Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), a Behavioural Support Outreach (BSO) PSW, an activity staff, a screener, and a housekeeper.

The inspector(s) also observed the provision of care and services to residents, staff to resident interactions, resident to resident interactions, resident care and home environments, lunch services, screening procedures, and infection prevention and control practices and measures; as well as reviewed resident health care records and relevant policies.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Safe and Secure Home

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	
Legend	Légende
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). 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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe and secure environment for its residents as active screening for COVID-19 was not occurring.

COVID-19 Directive #3 for Long-Term Care Homes (LTCH), under the Long-Term Care Homes Act, 2007, dated July 16, 2021, described that “homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit”. Furthermore, the Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes, Version 6 - August 27, 2021, specified that active screening was to occur regardless of a persons COVID-19 immunization status.

Inspectors were not actively screened upon entrance to the LTCH on October 4, 5, and 6, 2021. A volunteer was also observed to enter the LTCH without being actively screened on October 5, 2021.

A screener told Inspector that screening questions related to COVID-19 symptoms are not asked to persons entering the LTCH, and that there are no self-screening questionnaires or checklists to fill out.

The DOC confirmed that an active screening process was not currently in place in the LTCH and that active screening had not been occurring since September 1, 2021. Active screening was immediately re-instated on October 6, 2021 after management was made aware of the current requirements. As a result, residents were placed at risk of harm for over a month as all individuals entering the LTCH were not screened for symptoms and exposure history for COVID-19 before they were allowed entry to the home.

Sources: observations; COVID-19 Directive #3 for Long-Term Care Homes, July 16, 2021; Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes, Version 6 - August 27, 2021; and interviews with DOC, Screener, ED, and other staff. [s. 5.]

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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff and residents participated in the implementation of the infection prevention and control (IPAC) program, specifically related to the licensee's Hand Hygiene policy and Meal Service policy.

The licensee's Hand Hygiene policy is based on the Four Moments of Hand Hygiene and described that staff should perform hand hygiene before initial resident/resident environment contact; further describing to clean your hands when entering, before touching resident, or before touching any object or furniture in the resident's environment. It also described that hand hygiene should be performed after resident/resident environment contact; further describing to clean your hands when leaving, after touching resident, or after touching any object or furniture in the resident's environment.

Inspectors observed lunch meal service on October 5 and 6, 2021 in which eight occurrences were observed where staff failed to perform hand hygiene as specified in the licensee's Hand Hygiene policy.

The licensee's Meal Service policy, which the DOC confirmed is part of their IPAC program, described to "encourage/assist residents to wash hands and face before and after meals".

The lunch meal services that were observed on October 5 and 6, 2021, revealed that residents' hands were not cleaned before the meals and not all residents received hand hygiene after the meals.

By staff and residents not participating in the infection prevention and control program, specifically proper hand hygiene, there is an increased risk of disease transmission between residents and staff.

Sources: Lunch observation on October 5 and 6, 2021; Policy # Inf C-6, Hand Hygiene, July 2020; Policy # E1, Meal Service, July 2020; and interview with DOC. [s. 229. (4)]

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 staff and residents participate in the implementation of the IPAC program, to be implemented voluntarily.

Issued on this 21st day of October, 2021

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

Original report signed by the inspector.