Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: July 5, 2023
Original Report Issue Date: April 14, 2023
Inspection Number: 2023-1358-0001 (A1)
Inspection Type: Complaint Critical Incident System
Licensee: The Governing Council of the Salvation Army in Canada
Long Term Care Home and City: The Salvation Army Ottawa Grace Manor,Ottawa

Amended By	**Inspector who Amended Digital Signature**
Karen Buness (720483)	Karen Lynne Buness Digitally signed by Karen Lynne Buness Date: 2023.07.10 12:32:15 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to: correct issue date on public report

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Lead Inspector Karen Buness (720483)	**Additional Inspector(s)**
Amended By Karen Buness (720483)	**Inspector who Amended Digital Signature**

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 10, 13, 14, 15, 16, 21, 22, 2023

The following intake(s) were inspected:

- Intake: #00003611 – Alleged staff to resident physical abuse.
- Intake: #00006292 - Fall of resident resulting in significant change in health status
- Intake: #00006987 - Complaint related to resident care and food services
- Intake: #00007399 - Resident injury with unknown cause
- Intake: #00007904 - Complaint related to resident injury with unknown cause

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

Resident Care and Support Services
Continence Care
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Continence Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

The licensee has failed to ensure that the provision of continence care was consistently documented for resident #003, resident #004 and resident #007 throughout the month of September 2022.

Rationale and Summary
An anonymous complaint was made concerning short staffing impacting the delivery of continence care.

Inspector observed the provision of care on four separate occasions for an accumulative total of three hours and 40 minutes. The unit was staffed with three Personal Support Workers (PSWs) during three of the observation periods and four PSWs during the one of the observation periods. During every observation period inspector observed staff toileting residents on the unit.

During an interview with a Registered Practical Nurse (RPN) the RPN reported the PSW staff document the provision of continence care in the resident's electronic record in Point of Care (POC) in Point Click Care (PPC). The RPN stated if staff were unable to provide continence care to a resident during the shift this would be reported but stated "this wouldn't happen, that's not possible" and further explained that working short impacts the staff because they have to work even harder, but they get all the work for the residents done.
A PSW confirmed continence care is documented in POC but stated "sometimes when we are short staffed we don't have a chance" to document but regardless of the number of staff working on the unit

the care residents require is done and that toileting is not missed.

The POC record over a one month period for an additional three residents was reviewed for the documentation of continence care. Out of the 90 shifts in the month there were 25 shifts that the staff failed to document continence care in resident #003's clinical record. For both resident #004 and resident #007 there were 21 shifts that did not have the provision of continence care documented.

Impact/Risk: The lack of documentation in the resident's clinical record did not impact the care provided and did not put the residents at an increased risk.

Sources: Review of resident clinical care records, observations, interviews with a Registered Practical Nurse and a Personal Support Worker.

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WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (a).

The licensee has failed to ensure the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration.

Rationale and Summary:
An anonymous complaint was made in regard to the preparation of food provided to the residents, specifically the home serving eggs that were undercooked.

The Ottawa Grace Manor Food Service Manual-Food Safety Temperature Control Policy states Food Service staff must take and record food temperatures in the center or thickest part of the food when cooking, chilling, reheating or serving each menu item. Food temperatures must also be conducted on all menu items in each resident home area just prior to meal service.
As per the policy, the cooked temperature of food must be 74 degrees Celsius and food must be kept at a hot holding temperature of 60 degrees Celsius or hotter.

A review of Rosemount Unit Food Temperature Logs for a two week period revealed all eggs served were served at a holding temperature of 60 degrees Celsius or hotter in accordance with the Licensee's policy.

The cook temperature logs for the same time period were requested for review but Inspector was informed by the Food Services Manager the cook temperature logs were not available because the cook temperatures had not been recorded.
During an Interview with a dietary staff member it was confirmed the cook temperature of food they prepared had not been taken.

Impact/Risk: Failure to take the cook temperatures of food prepared for the residents put the residents at an increased risk of acquiring food borne illnesses.

Sources: Ottawa Grace Manor Food Service Manual-Food Safety Temperature Control Policy #FSF8, Last Review Date: 10/27/2022, Rosemount Food Temperature Logs, interviews with the Food Services Manager a dietary staff member.

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WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 103 (a)

The licensee has failed to comply with written policies related to prevention of abuse and neglect.

In accordance with O. Reg 246/22 s.11 (1) (b) the licensee is required to have policies as part of the Prevention of Abuse and Neglect Program and that they are complied with.

Rationale and Summary:
On a specific date a resident was found with multiple bruises on their body. This was reported to the Director of Care (DOC) and an investigation was initiated the same day. Through reports from the staff and a review of the schedule it was determined specific PSW was responsible for the bruising found on the resident
A review of the Licensee's Abuse Investigation Report and interviews with staff reveal staff suspected the staff member was physically abusive towards residents prior reporting it to the Director of Care. Additionally, the Investigation Report detailed coworkers describing the PSW as very rough, rude and disrespectful with residents and would disregard the residents wishes.
During an interview with front line staff, the staff member confirmed they had observed incidents of the PSW forcing residents to take a shower and not allowing residents to swallow their food prior to forcing the next spoonful prior to finding the bruising on the resident and reporting it to the DOC.
The licensee's Zero Tolerance of Abuse and Neglect policy #A11 directs staff to "report any witnessed,

suspected or alleged abuse to a supervisor/manager, Executive Director or Board Chair immediately". Interviews with three front line confirmed that staff received annual training on the prevention of abuse and neglect and were directed to report abuse immediately.

Impact/Risk: Failure to report suspected abuse as directed in the Licensee's Policy put the residents at an increased risk and resulted in the resident having to endure incidents of physical abuse by the PSW.

Sources: Resident clinical health record, Ottawa Grace Manor Resident Care Manual- Zero Tolerance of Abuse and Neglect Policy #A11: Revision Date: Feb 2022, Abuse Investigation Report by Nancy Turely-Territorial Abuse Advisor, The Salvation Army, Canada and Bermuda Territory, June 23, 2022 and interviews with staff.

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