

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

Public Report

Report Issue Date: August 28, 2025

Inspection Number: 2025-1358-0005

Inspection Type:

Critical Incident

Licensee: The Governing Council of the Salvation Army in Canada

Long Term Care Home and City: The Salvation Army Ottawa Grace Manor,
Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 7, 8, 11, 13, 14, 26-28, 2025.

The following Critical Incident (CI) intake(s) were inspected:

-Intake: #00152477 /CI#2873-000023-25 related to alleged abuse between residents.

-Intake: #00153057 /CI#2873-000024-25 related to alleged improper/incompetent care of resident by staff member resulting in injury.

-Intake: #00153612 /CI#2873-000026-25 related to fall of a resident resulting in injury.

-Intake: #00154264 /CI#2873-000027-25 related to alleged abuse of resident by staff member.

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

- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the plan of care was provided to a resident when a Personal Support Worker (PSW) did not ensure that required equipment was in place when a resident was in bed.

Sources: Resident clinical record, inspector observations, interview with staff.

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of

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care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer
necessary; or

The licensee has failed to update a residents written care plan after they had a fall resulting in an injury. Specifically, a resident's written plan of care stated that they had a particular mobility and transfer status. The plan of care however, had not been updated post-fall to reflect the new mobility and transfer status.

Sources: Resident's clinical records, inspector observations and interview with staff.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of its residents was complied with. The licensee's policy titled "Zero Tolerance of Abuse and Neglect policy (A11), (rev. January 2025)" requires staff to "Report any witnessed, suspected or alleged abuse to a supervisor/manager, Executive Director or Board Chair, immediately" and to "Document or write a brief factual in the resident's chart, writing the details of the alleged or witnessed abuse or neglect as soon as possible."

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On a date in July 2025, when a registered practical nurse (RPN) witnessed a PSW performing an action of alleged abuse towards a resident, they did not report it immediately. Once it was reported to nursing management on a later date in July 2025, it was then reported to the Director; multiple days after the alleged occurrence. Additionally, there is no documentation in the resident record outlining this alleged incident as is expected as per licensee policy.

Sources: Review of the residents medical record, LTCH policy: Zero Tolerance of Abuse and Neglect (#A11)(rev. Jan 2025), licensee investigation report, and interviews with staff.

WRITTEN NOTIFICATION: Skin and Wound assessments

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

(ii) upon any return of the resident from hospital, and

The licensee has failed to ensure that when a resident returned from hospital on a date in July 2025, that a skin assessment was completed upon their return.

Sources: Resident's clinical record, and interview with staff.

WRITTEN NOTIFICATION: Police notification

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

The licensee failed to notify the police when an incident of alleged abuse towards a resident by a staff member occurred on a date in July 2025.

Sources: Resident's clinical records, licensee investigation notes, and interview with staff.

WRITTEN NOTIFICATION: Dealing with complaints

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 2.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

The licensee has failed to ensure when a complaint comes forward to the home,

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that they provide a written response to the complainant within ten business days of receiving the complaint. On a date in July 2025, the substitute decision maker (SDM) of a resident expressed concerns of alleged abuse of a resident to the home. The home was not able to complete the investigation within ten business days of receiving the complaint, and did not provide the complainant with a written response regarding acknowledgement of the receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3, of the O. Reg. 246/22 s. 108 (1) (3).

Sources: Licensee investigation notes and interview with staff.

WRITTEN NOTIFICATION: Dealing with complaints

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (e)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(e) every date on which any response was provided to the complainant and a description of the response; and

The licensee has failed to ensure that they kept documentation of every date and description of the response provided to the complainant regarding a concern of alleged abuse regarding a resident which occurred on a date in July 2025.

Sources: Resident's clinical records, licensee investigation notes, and interview with staff.

WRITTEN NOTIFICATION: Dealing with complaints

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NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (f)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(f) any response made in turn by the complainant.

The licensee has failed to ensure they keep documentation of any responses made in turn by a complainant. Specifically, the home did not keep documentation of responses made in turn by the complainant regarding the investigation of alleged abuse towards a resident on a date in July 2025.

Sources: Resident's clinical records, licensee investigation notes and interview with staff.

WRITTEN NOTIFICATION: Licensees who report investigations under s. 27 (2) of Act

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 112 (3)

Licensees who report investigations under s. 27 (2) of Act

s. 112 (3) If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director.

The licensee has failed to ensure that in making a report to the Director under s. 27 (2) of the Act, that a final report was provided within a period of time specified by the

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Director. In the Ministry of Long Term Care Reporting Requirements for LTC Homes fact sheet (updated June 2023), it is noted that the final report must be submitted within 21 days of becoming aware of the incident or earlier if required by the Director.

Specifically, the final report outlining the results of an investigation into an allegation of abuse of a resident by a staff member reported to the Director in July 2025, was not submitted within 21 days of the licensee becoming aware of the incident.

Sources: Ministry of Long Term Care Reporting Requirements for LTC Homes fact sheet, licensee draft investigation report, and interviews with staff.