



# Ontario

Ministry of Health and Long-Term Care

## **Health System Accountability and Performance Division Performance Improvement and Compliance Branch**

## **Ministère de la Santé et des Soins de longue durée**

**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

conformité

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<b>Date(s) of inspection/Date de l'inspection</b>  October 21, 2010		<b>Inspection No/ d'inspection</b>  2010_161_2873_15Oct144839	<b>Type of Inspection/Genre d'inspection</b>  Complaint Log # 0-001723
<b>Licensee/Titulaire</b> The Governing Council of the Salvation Army in Canada 2 Overlea Blvd Toronto ON M4H 1P4 Fax: 416.422.6148			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Salvation Army Ottawa Grace Manor 1156 Wellington St Ottawa ON K1Y 2Z3			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Kathleen Smid (ID#161)			
<b>Inspection Summary/Sommaire d'inspection</b>			
<p>The purpose of this inspection was to conduct a Complaint inspection related to the care provided to an identified resident.</p> <p>During the course of the inspection, the inspector spoke with members of the management team including the Director of Resident Care and the Registered Practical Nurse on the unit.</p> <p>During the course of the inspection, the inspector reviewed the health care record of the resident.</p> <p>The following Inspection Protocol was used during this inspection: Personal Support Services</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>			
<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire ou du représentant désigné</b>		<b>Signature of Health System Accountability and Performance Division</b> <b>representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</b>	
Title: 		Date: 	
		Date of Report: (if different from date(s) of inspection). 	