



Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

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
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 20, 2010	2010_161_2873_15Sep135823	Other (Critical Incident) Log # 0-001220
Licensee/Titulaire The Governing Council of the Salvation Army in Canada 2 Overlea Blvd Toronto ON M4H 1P4 Fax: 416.422.6148		
Long-Term Care Home/Foyer de soins de longue durée Salvation Army Ottawa Grace Manor 1156 Wellington St Ottawa ON K1Y 2Z3		
Name of Inspector(s)/Nom de l'inspecteur(s) Kathleen Smid (ID#161)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a critical incident inspection.		
During the course of the inspection, the inspector spoke with members of the management team including the Executive Director, Director of Resident Care, the Registered Practical Nurse and the resident involved.		
During the course of the inspection, the inspector reviewed the health care record of the resident and reviewed the home's Non Abuse Policy number A11.		
The following Inspection Protocol was used in part or in whole during this inspection: Prevention of Abuse and Neglect Inspection Protocol:		
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.		
Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. <i>Kathleen Smid 17CH</i>
Title:	Date:	Date of Report: (if different from date(s) of inspection). <i>September 30 2010</i>