



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division de la responsabilisation et de la  
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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 23, 2013	2013_128138_0018	O-000208- 13	Complaint

**Licensee/Titulaire de permis**

THE GOVERNING COUNCIL OF THE SALVATION ARMY  
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**

PAULA MACDONALD (138)

**Inspection Summary/Résumé de l'inspection**



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 18, 19, and 22, 2013

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Resident Care, Registered Practical Nurse (RPN), Director of Food Services, a food service worker (FSW), personal care workers (PSW), Director of Life Enrichment, and a resident.

During the course of the inspection, the inspector(s) reviewed resident health care records, observed pm nourishment, and observed a resident.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Personal Support Services

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

Legendé

WN – Written Notification

WN – Avis écrit

VPC – Voluntary Plan of Correction

VPC – Plan de redressement volontaire

DR – Director Referral

DR – Aiguillage au directeur

CO – Compliance Order

CO – Ordre de conformité

WAO – Work and Activity Order

WAO – Ordres : travaux et activités



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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. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (9) The licensee shall ensure that the following are documented:**

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

**Findings/Faits saillants :**



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1. The licensee failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. (9) 2. in that the licensee failed to ensure that the outcomes of the care set out in the plan of care are documented with respect to glucometer test results.

Three residents' health records were reviewed and all three residents were documented to receive insulin to manage blood glucose and their blood glucose was planned to be monitored through glucometer tests conducted in the home. All three residents had a physician's order for glucometer tests daily and the eMAR (electronic Medication Administration Record) demonstrated the times the glucometer tests were to be conducted. The glucometer test results for these three residents were reviewed for the period of April 1 – 17, 2013 in PointClickCare and it was observed that the glucometer test results were not consistently available or documented as planned for the residents.

Discussion was held with the unit RPN regarding the unavailable glucometer test results for the three resident in PointClickCare and the RPN suggested that further documentation may be available in the resident progress notes or the eMAR. The progress notes for the three residents were reviewed for April 1 – 17, 2013 and no further glucometer tests results were found to be documented. The eMAR for the three residents were reviewed with the assistance of the RPN and the only additional information found was the possibility of one refusal by one resident.

Further discussion was held with the RPN and she stated that all three residents were usually fairly compliant with their glucometer tests and that she did not experience any difficulties in completing the glucometer tests on these three residents. [s. 6. (9) 2.]

***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 resident glucometer test results are documented, to be implemented voluntarily.***



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Issued on this 23rd day of April, 2013

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

*Paula Macdonald, R.d.*