



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des  
Soins de longue durée

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

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  
performance du système de santé  
Direction de l'amélioration de la  
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 22, 2013	2013_109153_0004	T2911-11, T168- 12,T1816-12	Complaint

**Licensee/Titulaire de permis**

SPECIALTY CARE - BRADFORD INC.  
400 Applewood Crescent, Suite 110, VAUGHAN, ON, L4K-0C3

**Long-Term Care Home/Foyer de soins de longue durée**

BRADFORD VALLEY  
2656 6th Line, Bradford, ON, L3Z-3H5

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

LYNN PARSONS (153)

**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): February 20, 26, 27, 28,  
March 4, 5, 6, 2013**

**During the course of the inspection, the inspector(s) spoke with Director of  
Clinical Services, Registered Nurses(RN),Registered Dietitian(RD),  
Physiotherapist(PT), Pharmacist, Personal Support Workers(PSW), Substitute  
Decision Maker and Legal Representative from Advocacy Centre for The Elderly.**

**During the course of the inspection, the inspector(s) Reviewed clinical health  
records,and completed observations of the residents related to  
transferring,nourishment passes, grooming, behaviors and skin care.  
Observed Infection Control practices, resident to resident interactions and staff  
to resident interactions.**

**The following LOGs were inspected as part of this inspection: T-2911-11, T-168-  
12, T-1816-12, T-2170-12, T-2180-12, T-00081-13.**

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

**Dignity, Choice and Privacy**

**Falls Prevention**

**Infection Prevention and Control**

**Nutrition and Hydration**

**Personal Support Services**

**Responsive Behaviours**

**Skin and Wound Care**

**Findings of Non-Compliance were found during this inspection.**



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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**



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

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**  
**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**  
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).**

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**Findings/Faits saillants :**

1. The plan of care for Resident #15 does not set out clear directions to staff and others who provide direct care to the resident.  
Interviews with staff revealed the front line staff refer to the kardex care plan in the Spa binder to access each resident's plan of care.  
The written kardex care plan filed in the Spa binder at the nurses station and printed on December 27, 2012 did not identify the specific rest periods for Resident #15. [s. 6. (1) (c)]

2. The licensee did not ensure the staff who provide direct care to the resident have convenient and immediate access to the plan of care.  
The kardex care plan filed in the Spa Binder at the nurses station for Resident #15 was printed December 27, 2012.  
The most recent electronic plan of care was revised following the care conference held on February 6, 2013.  
Interviews with staff revealed the front line staff refer to the kardex care plan in the Spa binder to access each resident's plan of care.  
Conflicting information was obtained when front line staff were interviewed in regards to access to the electronic plan of care.  
Staff were unable to describe or demonstrate the method they would use to access a resident's electronic plan of care.  
When interviewed the Director of Care confirmed that front line staff have been given access to the electronic care plan kardex. [s. 6. (8)]



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***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;***

- there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident***
- that staff and others who provide direct care to a resident have convenient and immediate access to the plan of care, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes**

Every licensee of a long-term care home shall ensure that,

- (a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;**
- (b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and**
- (c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.**

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**Findings/Faits saillants :**

1. The licensee did not ensure a documented reassessment of each resident's drug regime is completed at least quarterly.

It was noted on March 4, 2013 that the last reassessment of Resident #16's drug regime was completed on November 16, 2012 for the period November 1, 2012 to February 1, 2013.

Interviews with registered staff and consulting pharmacist confirmed a reassessment of the resident's drug regime had not been completed on a quarterly basis. [s. 134.

(c)]



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Issued on this 10th day of April, 2013

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

*Lynn Parsons*