



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

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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
Nov 6, 2014	2014_395151_0005	000274,000 346-14	Complaint

Licensee/Titulaire de permis

VALLEY EAST LONG TERM CARE CENTRE INC.
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

ELIZABETH CENTRE
2100 Main Street, Val Caron, ON, P3N-1S7

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection



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

**This inspection was conducted on the following date(s): October 14,
15,16,17,2014**

**This inspection relates to Ministry logs;
S-000274-14
S-000346-14**

During the course of the inspection, the inspector(s) spoke with

- Administrator**
- Acting Director of Care**
- Staff Educator**
- Restorative Care Coordinator**
- Food Service Supervisor**
- Dietary Care Aides**
- Registered Staff**
- Personal Support Workers (PSW)**
- Residents**
- Family members**

During the course of the inspection, the inspector(s)

- observed care and service delivery to residents**
- reviewed residents' health care records**
- reviewed the home's policies, procedures, protocols and programs in relation to nutrition and hydration care of residents**
- reviewed the home's policies, procedures, protocols and programs in relation to resident wound and skin care**
- reviewed the home's policy on zero tolerance of abuse**
- reviewed the home's educational records in regards to the home's policy on wound and skin care and zero tolerance of abuse**
- reviewed the home's policy, procedures, protocols and programs in relation to the management of responsive behaviours**
- observed meal services**
- audited residents with current wound and skin issues**

The following Inspection Protocols were used during this inspection:



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	
Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. Inspector 151 reviewed the home's wound care program, reviewed the resident's health care records and audited 6 residents with wounds in regards to the home's provision of the physician wound care protocol orders for the care of resident wounds.

Inspector 151 reviewed the home's policy and procedure in regards to the home medication/treatment administration records [TAR]: reference "MEDICATION MANAGEMENT-TREATMENT ADMINISTRATION RECORD" MOST RECENT UPDATE; 10/07/2013

- on page 1 of the policy, Inspector noted the policy directed staff as follows:
- "all treatment administered are documented in a consistent manner in keeping with regulatory requirements"
- "all treatments shall have a written order signed by the prescriber with ordering authority"
- "all treatments administered shall be documented on the resident's personal Treatment Administration Record (TAR)
- " a personalized treatment profile in the form of a TAR shall be maintained for each resident including at minimum the following information - current treatment regime, including administration times, frequencies and routes".

In regards to the audit of the 6 residents, Inspector 151 found that 5 of the 6 residents had missing registered staff accountability signatures to indicate that their treatments were in fact done as per physician wound protocol orders. In summary of these findings, 40 accountability signatures of 161 required were not found or 24.8% accountability signatures missing.

Inspector 151 reviewed the wound care audit with Staff #206 and Staff #213 who were able to discern that some of the missing accountability signatures had progress notes for the dates of the treatments and these notes reported on the treatments. Staff



#206 and Staff #213 stated that they could not explain all the missing accountability signatures as no progress notes were found in support that the treatment was done. Both Staff #206 and Staff #213 confirmed that the policy had not been followed as some staff are documenting in the TAR, some in the progress notes and some in neither. Staff # 206 stated that according to the College of Nurses, registered staff are aware that "not documented means not done"

The licensee has failed to ensure that that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is:

- (a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and
- (b) complied with [s. 8. (1) (a),s. 8. (1) (b)]

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 for the wound care program, any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is in compliance with and is implemented in accordance with all applicable requirements under the Act, and complied with, to be implemented voluntarily.

Issued on this 6th day of November, 2014

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