Ontario

**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**


**Long-Term Care Homes Division**
**Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée**
**Inspection de soins de longue durée**

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## Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Dec 14, 2016 | 2016_195166_0036 | 018646-16, 028512-16 | Critical Incident System |

### Licensee/Titulaire de permis

TRENT VALLEY LODGE LIMITED
195 Bay Street TRENTON ON K8V 1H6

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

TRENT VALLEY LODGE LIMITED
195 BAY STREET TRENTON ON K8V 1H9

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

CAROLINE TOMPKINS (166)

### Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): November 30, December 1, 2, 2016**

**Critical Incident logs #18646-16, related to resident to resident abuse and log # 028512-16, related to a fall**

**During the course of the inspection, the inspector(s) spoke with residents, family, Personal Support Workers(PSW), Registered Practical Nurses(RPN), Registered Nurses(RN), the Administrative Assistant and the Director of Care.**
**During the course of this inspection, the inspector observed resident to resident interactions, staff to resident interactions, reviewed clinical records and the licensee's policies related to zero tolerance of abuse and the falls management program.**

**The following Inspection Protocols were used during this inspection:**
**Hospitalization and Change in Condition**
**Responsive Behaviours**

**During the course of this inspection, Non-Compliances were issued.**
- **1 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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. (11) When a resident is reassessed and the plan of care reviewed and revised,**
**(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).**
**(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**

**Findings/Faits saillants :**

1. related to log 018646-16

The licensee has failed to ensure that resident #001's plan of care has been reassessed and revised because care set out in the plan has not been effective and different approaches have not been considered in the revision of the plan of care.

On an identified date, a report was received reporting that resident #001 was observed demonstrating socially inappropriate behaviour in a public area. The nurse was immediately alerted and redirected resident #001.

Resident #001's plan of care related to socially inappropriate behaviour directs staff to :
To maintain safety and comfort for the resident and others.
Resident #001:
-wanders about in the hallways but doesn't exit seek.
- will occasionally enter other residents rooms and demonstrate socially inappropriate behaviour .
- staff will remove the resident from other residents' room, health teach that the behaviour is unacceptable, and return the resident to own room
-referral was made to the Psychogeriatric Team (Best Practices) to discuss behaviours and offer recommendations
- 30 minute checks to ensure resident is not wandering into other residents rooms or demonstrating social inappropriate behaviour towards other residents
-encourage resident to verbalize feelings, providing time each shift
-encourage resident to share happy memories.

Review of clinical documentation indicated that resident #001 has a history of demonstrating socially inappropriate behaviour. Five separate incidents of such behaviour has been documented in resident #001's clinical records.

Review of clinical documentation and interview with the Director of Care, RPN and PSW staff did not provide any evidence that resident #001's plan of care related to socially inappropriate behaviour was reassessed and revised after each incident or that different approaches and interventions, other than requesting the resident to stop the behaviour and go to own room had been considered. [s. 6. (11) (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 resident #001's plan of care is reassessed and revised when the care set out in the plan has not been effective and ensure that different approaches are considered in the revision of the plan, to be implemented voluntarily.***

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**Issued on this 14th day of December, 2016**

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

**Original report signed by the inspector.**