



**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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 15, 2018	2018_717531_0002	026953-17	Complaint

Licensee/Titulaire de permis

Trent Valley Lodge Limited
195 Bay Street TRENTON ON K8V 1H9

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

Trent Valley Lodge
195 Bay Street TRENTON ON K8V 1H9

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

SUSAN DONNAN (531)

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): January, 22, 23, 24 and 25, 2018.

Log # 026953-17 inspected related to the care and services of resident #001.

During the course of the inspection, the inspector(s) spoke with the resident, the resident's Substitute Decision Maker (SDM), Registered Practical Nurses (RPN), Registered Nurses (RN), the Clinical Care Coordinator (CCC), the Assistant Director of Nursing (ADON), a Physician, the RAI Coordinator and the Administrator. During the course of the inspection the inspector, toured the home, reviewed resident health care records, observed resident care and services, reviewed the reporting and complaints policy and procedures and wound and skin care policy and procedures.

**The following Inspection Protocols were used during this inspection:
Reporting and Complaints
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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

Specifically failed to comply with the following:

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that the SDM was given an opportunity to participate fully in the development and implementation of the plan of care.

During a interview with the SDM on January 22, 2018, with inspector #531 the SDM indicated that resident #001 had a area of infection. The physician assessed resident #001 on particular date at which time the physician provided the SDM with an update and the prescribed treatment plan. The SDM indicated that while attending the home on a specified date, three days later, resident #001's infected area was noted to be red, swollen, with a small blister along the outside of the area..The SDM indicated that they were not notified of the change in status.

Review of the documentation in the progress notes for a specified time indicate there was no documentation to support that the SDM was notified of the change in status of resident #001's infected area.

During an interview with the ADON on January 22, 2018, with inspector #531 the ADON indicated that the SDM contacted the ADON regarding not being notified of the status of the resident's infected area and an opportunity to discuss the treatment plan.The ADON further indicated that on the same day the ADON spoke with the SDM, the Treatment Administration record (TAR) was revised to include that the evening RPN, contact the SDM daily to provide an update with documentation of the same in the progress notes.

The SDM was not given an opportunity to participate fully in the development and implementation of the plan of care regarding resident #001's infected area until attending the home three days after the physician assessed the resident. [s. 6. (5)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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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. The licensee has failed to ensure that the skin and wound policy instituted or otherwise put in place was complied with.

According to O. Reg. 79/10 s. 30 (1) every licensee shall ensure that there is a written policy for the skin and wound program and ensure that the policy is complied with.

Review of the policy G-12 Skin and Wound Care Management Protocols:

Under the subtitle registered staff:

2. with a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds:

a) conduct a skin assessment

Subtitle:

Wound Care Quick Step Guide:

New wound:

1) Measure

4) set up wound tracker

Protocol Titled Documenting weekly wound assessments:

15. Document a note at the end of each assessment.

All wound notes should be documented in the tracker, not under wound and skin integrity, so that notes will be together to follow the progression of the wound.

On January 25, 2017 RPN #111 and RN #114 during an interview with inspector #531 and review of the skin integrity documentation, RPN #111 indicated that according to policy when the area developed a blister, it should have been added to the wound tracker assessment tool so that the wound notes were together to follow the progression of the wound.

During an interview with the ADON and the CCC, both indicated that the skin and wound policy was not complied with, with respect to documentation of the skin integrity of resident #001's area of infection. [s. 8. (1) (a),s. 8. (1) (b)]



WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 101 (1) (3) were by Resident # 001's SDM did not receive a response indicating what had been done to resolve the complaint or that the licensee believed the complaint to be unfounded and the reasons for this belief.

During an interview with resident #001's SDM on January 22, 2018 with inspector #531, the SDM indicated that they contacted the Director of Care with a complaint with respect to the provision of care and change in status of resident #001's infected area. The SDM indicated that the Director of Care indicated that the concern would be investigated and the DOC would provide a response to the SDM upon completion.

The Director of Care was unavailable for an interview as the DOC was no longer employed by the home.

The Administer was interviewed and with review of the complaint record the Administrator indicated that a response had not been provided to resident #001's SDM that indicated what had been done to resolve the complaint or if the complaint had been believed to be unfounded and the reasons for this belief. [s. 101. (1) 3.]

2. The licensee has failed to ensure that a documented record of all verbal and written complaints is kept in the home.

On January 22, 2018, Inspector # 531 requested from the Administrator a copy of the home's complaint log/records . At this time the Administrator indicated that the home does not keep a documented record of complaints that the home receives. [s. 101. (2)]



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Issued on this 15th day of February, 2018

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

Original report signed by the inspector.