Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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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
Apr 22, 2021	2021_598570_0010	024443-19, 022828-20, 003522-21	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

SAMI JAROUR (570)

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): March 18, 19, 22, 23, 24, 25 and 29, 2021 and offsite on April 6 and 7, 2021

The following intakes were completed during this complaint inspection:
Log #003522-2, related to staffing concerns.
Log #023643-20, follow up to Compliance Order (CO) #001 related to s. 6.(7), issued in inspection #2020_640601_0020 with a compliance due date of November 30, 2020.
Log #024443-19, follow up to Compliance Order (CO) #001 related to s. 31(3), issued in inspection #2019_603194_0022 (A3) with a compliance due date of February 28, 2021.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Clinical Care Coordinator (CCC), Registered Nurses (RN), Registered Practical Nurses (RPN), RAI Coordinator, Public Heath Nurse, Personal Support Workers (PSW), Staff Scheduler, Restorative Care Aide (RCA), Resident Care Aide, Screener, Physiotherapist (PT), Physiotherapy Assistant (PTA) and residents.

The inspector also observed staff to resident interactions, resident to resident interactions, observed the delivery of resident care and services, reviewed resident health care records, master staffing plans, time sheets, and applicable policies.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Infection Prevention and Control
Personal Support Services
Sufficient Staffing

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 31. (3)	CO #001	2019_603194_0022	570
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2020_640601_0020	570

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). 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 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. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Under O.Reg.79/10, s.48(1) 3, every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: a continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

The licensee's Continence Guidelines for Care policy #E-3 dated November 2013, directs to have an individualized program of continence care developed and documented on the resident's plan of care to be completed upon admission, at the time of quarterly review, during the annual assessment and when there is any change in a resident's condition that affects a resident's bladder and bowel functioning.

A review of residents #003, #004, and #010's clinical health record revealed each resident's continence assessment did not indicate quarterly continence assessments were completed at the time of the quarterly review for each resident.

During an interview, the Clinical Care Coordinator (CCC) indicated that the quarterly continence assessment for residents #003, #004 and #010 should have been completed at the quarterly review date for each resident.

During an interview, the Director of Care (DOC) indicated that continence assessments should have been completed quarterly.

Sources: clinical health records for residents #003, #004 and #010, interviews with Clinical Care Coordinator (CCC) and the Director of Care (DOC). [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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program, related to hand hygiene and disinfecting of equipment.

Observations of staff #109 and staff #110 assisting residents #001, #002 and #005 for activities which included walking and standing:

Resident #001 was assisted to stand up. No hand hygiene was performed for the resident before and after the activity and the equipment used was not disinfected before and after the activity. Staff #109 did not perform hand hygiene after assisting resident #001 and before assisting resident #002.

Resident #002 was assisted to walk with assistive devices used during the activity. No hand hygiene was performed for the resident and the assistive device used was not disinfected before and after use.

Resident #005 was assisted to walk using the same assistive device used for resident #002. The resident did not perform hand hygiene before and after the activity. The assistive device used for resident #002 was not disinfected before it was used for resident #005.

During separate interviews, staff #109 and staff #110 confirmed that residents #001, #002 and #005 did not perform hand hygiene before and after the activities. Both staff #109 and #110 further indicated that the assistive device used for residents #002 and #005 was not disinfected in between use and that they have not been disinfecting the device in between residents. Staff #109 acknowledged they missed performing hand hygiene between assisting residents #001 and #002.

During an interview, the Director of Care (DOC) indicated the expectation that staff adhere to infection prevention and control practices in the home including hand hygiene.

Failing to ensure that staff participated in the home’s infection prevention and control program in relation to hand hygiene and disinfection of equipment between use may increase the risk of spread of infections in the home.

Sources: Inspector's observations, interviews with staff #109, staff #110, and the DOC. [s. 229. (4)]

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 all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 3rd day of May, 2021

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

Original report signed by the inspector.