



**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  
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Performance Improvement and  
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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 4, 2013	2013_049143_0052	O-000308- 13 & O- 000686-13	Complaint

**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**

PAUL MILLER (143)

**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): October 29th-30th, 2013.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing, a Registered Nurse, Registered Practical Nurses, Personal Support Workers, the Environmental Manager, residents and family members.

During the course of the inspection, the inspector(s) completed tours of all resident home areas, monitored room temperatures, observed resident care and services, reviewed resident health care records and reviewed policies and procedures related to continence care and hot weather guidelines.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Maintenance
- Continence Care and Bowel Management
- Personal Support Services
- Quality Improvement
- Safe and Secure Home
- Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.**

**Findings/Faits saillants :**

1. On October 29th at 1600 hours it was observed in the 1st floor Cedar dining room that the temperature was 20 degrees as indicated on the wall thermostat. At 1615 hours, the third floor sun room thermostat indicated that the room temperature was 69 degrees Fahrenheit (20.5 degrees Celsius). At 1605 hours room 180 on Cedar Wing temperature recorded as 21 degrees Celsius with the thermostat flashing cool. Resident #6 reported that the home has been cold at night and has requested extra blankets. The Director of Nursing and the Environmental Manager both reported to the inspector that the home does not have a system in place to monitor and ensure that the home is maintained at a minimum of 22 degrees Celsius. [s. 21.]



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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 that the home is maintained at a minimum temperature of 22 degrees Celsius and that residents preferences and choices are taking into consideration as per Residents' Bill of Rights, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

**1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**

**2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**

**3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**

**4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

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**Findings/Faits saillants :**



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1. Ontario Regulation 79/10 section 48. (1) requires every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

On October 30th, 2013 the Director of Nursing reported to the inspector that the home did not complete a written evaluation of the continence care and bowel management program and could not identify the names of persons who participated in the annual evaluation, a summary of the changes made and the date that the changes were implemented. The Director of Nursing reported to the inspector on November 1st, 2013 the home changed continence products and their supplier from Tena(Future Med) to Prevail(Medical Mart) between December 2011 and January 2012.

The licensee has failed to comply with Ontario Regulation 30. (1)4 by not ensuring that a written record is kept related to the requirement for an annual evaluation of the continence care and bowel management program. [s. 30. (1) 4.]

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**Issued on this 7th day of November, 2013**

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

A handwritten signature in cursive script, appearing to read "P. Miller", written in black ink on a white background within a rectangular box.