



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 Accountabilty and  
Performance Division  
Performance Improvement and  
Compliance Branch

Ottawa Service Area Office  
347 Preston St, 4th Floor  
OTTAWA, ON, K1S-3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ème</sup> étage  
OTTAWA, ON, K1S-3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

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
Mar 7, 2014	2014_236572_0001	O-000160- 14	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**

BARBARA ROBINSON (572), JESSICA PATTISON (197)

**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): March 4, 5, and 6, 2014**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers, Registered Practical Nurses, a Registered Nurse, the Food Service Supervisor, the Director of Care, the Administrator, a resident, and a resident's family member.**

**During the course of the inspection, the inspector(s) observed medication administration and tray service for a resident, reviewed policies and procedures related to medication administration and dealing with complaints, a resident's health care record, Family Council meeting minutes, a letter from the home to residents and their families related to the Pleasurable Dining program, and two complaint letters.**

**The following Inspection Protocols were used during this inspection:**

**Dignity, Choice and Privacy**

**Dining Observation**

**Medication**

**Reporting and Complaints**

**Findings of Non-Compliance were found during this inspection.**



**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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,  
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).  
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).  
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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).

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**Findings/Faits saillants :**

1. The licensee has failed to comply with LTCHA, 2007 s. 6.(1)(c) in that the plan of care does not set out clear directions to staff related to the meal service of Resident #1. [s. 6. (1) (c)]

2. The licensee has failed to comply with LTCHA, 2007 s. 6 (5) in that Resident #1 and the designate of Resident #1 were not provided the opportunity to participate fully in the development and implementation of the plan of care. Resident #1's meal service routine changed. The Administrator, Director of Care and Food Service Supervisor were all interviewed and confirmed that they did not speak with Resident #1 or his/her designate prior to the change in meal service to discuss how this change would directly affect the resident. [s. 6. (5)]

**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 plan of care provides clear direction to staff related to meal service and that the resident, and/or designate of the resident are provided the opportunity to participate fully in the development and implementation of the plan of care, to be implemented voluntarily.***



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**WN #2: 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. (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).

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**Findings/Faits saillants :**

1. The licensee failed to comply with r. 101. (2) in that the licensee did not ensure that a documented record is kept in the home for all verbal or written complaints.

On a specified date the Food Services Supervisor provided a copy of two letters from Resident #1's designate that detailed complaints about meal service for Resident #1.

On a specified date Resident #1's designate stated that from the end of January 2014 to the present, he/she had made multiple verbal complaints related to the care of Resident #1.

In an interview on March 5, 2014, the Administrator stated that a documented record was not kept in the home for these, or any other, verbal and written complaints. [s. 101. (2)]

***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 keeps a documented record for all verbal or written complaints, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints**



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Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

**Findings/Faits saillants :**

1. The licensee failed to comply with LTCHA, 2007, s.22(1) in that the licensee did not immediately forward two written complaints concerning the operation of the home to the Director.

On a specified date Resident #1's designate stated that from the end of January 2014 to the present, he/she had made multiple verbal complaints related to the care of Resident #1.

On a specified date the Food Service Supervisor stated that the letters of complaint were not forwarded to the Director. [s. 22. (1)]

Issued on this 7th day of March, 2014

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

*Barbara Robinson, Jessica Pattison.*