



**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**

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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
Aug 21, 2014	2014_179103_0023	O-000366- 14, O- 000565-14	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

DARLENE MURPHY (103)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 19-21, 2014

During the course of the inspection, the inspector(s) spoke with a Registered Practical Nurse (RPN), a Registered Nurse (RN) and the Administrator.

During the course of the inspection, the inspector(s) reviewed a resident health care record, the home's complaint process, the storage of medications for destruction and drug destruction records, and the home's investigation into a medication incident.

The following Inspection Protocols were used during this inspection:

Medication

Reporting and Complaints

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 50. Skin and wound care



Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
- (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
- (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
- (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).
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Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg 79/10 s. 50 (2) (b) (iv) whereby a resident with altered skin integrity was not reassessed at least weekly by a member of the registered staff.

Resident #1 had documented skin impairments that were receiving regular dressing changes. The resident health care record was reviewed for a two month specified time frame. Documented assessments of one identified wound were found on only four out of the eight weeks. There were no documented assessments found for the resident's additional skin impairments during this time frame.

Resident #1 developed a new skin impairment during the time frame reviewed. (2) (b) (iv)]

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 resident's that exhibit altered skin integrity are reassessed at least weekly by a member of the registered staff, to be implemented voluntarily.



WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

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 has failed to comply with LTCHA, 2007 s. 22 (1) whereby a written complaint received by the home concerning the care of a resident was not immediately forwarded to the Director.

The home received a written complaint on an identified date outlining concerns related to Resident #1's care. RN #100 was interviewed and confirmed the letter was not forwarded to the Ministry of Health and Long Term Care (MOHLTC) until eight days later. [s. 22. (1)]

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. (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 (2) whereby a documented record of complaints is not kept in the home.

The Administrator was interviewed and stated the home is working on the development of the documented record of complaints but it has not yet been implemented. [s. 101. (2)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
 - i. persons who may dispense, prescribe or administer drugs in the home, and
 - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg 79/10 s. 130. 2. whereby access to areas where drugs were stored were not restricted to persons who may dispense, prescribe or administer drugs in the home.

The Administrator was interviewed and stated during an investigation involving medications, it was discovered that medication rooms could be accessed by three staff members who should not have access to these rooms. The home immediately rectified the problem and now all medication rooms are only accessible by means of a key that is in the possession of the RPN assigned to the unit. [s. 130. 2.]



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Issued on this 21st day of August, 2014

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