



**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 # / Registre no	Type of Inspection / Genre d'inspection
Sep 23, 2016	2016_450138_0031	013552-16	Resident Quality Inspection

Licensee/Titulaire de permis

VALLEY MANOR INC
88 Mintha Street P.O. Box 880 Barry's Bay ON K0J 1B0

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

VALLEY MANOR NURSING HOME
88 Mintha Street P. O. Box 880 Barry's Bay ON K0J 1B0

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

PAULA MACDONALD (138), SUSAN LUI (178)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): September 19, 20, 21, 22, and 23, 2016.

Complaint Inspection 022977-16 regarding an application refusal and Critical Incident System Inspection 007855-16 regarding a resident fall were conducted as part of the Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer, the Director of Care, personal support workers (PSWs), registered practical nurses (RPNs), registered nurses (RNs), an activity aide, the Activities Director, the Support Services Manager, the HR Assistant and Education Coordinator, residents, family members, and the President of the Residents' Council.

The inspectors also toured residential areas, reviewed Resident Council minutes, reviewed Family Council meeting information, reviewed resident health care records, observed a medication administration, reviewed home records, and reviewed a Critical Incident Report.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Residents' Council

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

2 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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

Legendé

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 LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council



Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The license failed to comply with section 57.(2) of the Act in that the licensee failed to ensure that it responds in writing within 10 days to the Residents Council regarding concerns or recommendations that the Residents' Council has made about the operation of the home.

Inspector #138 reviewed the 2016 minutes of the Residents' Council meetings and noted that there were times when the Residents' Council brought forward concerns about the operation of the home. It was also noted by the Inspector that these concerns did not appear to be responded to in writing within 10 days. The Inspector followed up with the Activities Director who is assigned to assist the Residents' Council with their meetings. The Activities Director stated that the process to respond to concerns brought forward from the Residents' Council was to respond to the concern in the meeting that the concern was brought forward. The concern and response was then documented in the meeting minutes. The Activities Director stated that the minutes are not approved until the next Residents' Council meeting, usually the following month. The minutes which contain the response to concerns would only be distributed and posted once they are approved, thus, exceeding 10 days. [s. 57. (2)]

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. (12) The licensee shall ensure that any pet living in the home or visiting as part of a pet visitation program has up-to-date immunizations. O. Reg. 79/10, s. 229 (12).



Findings/Faits saillants :

The licensee has failed to ensure that all pets visiting the home as part of a pet visitation program have up-to-date immunizations.

During an interview on September 21, 2016, Activation Aide #105 revealed that the home has a visiting pet program which includes a pet who visits the home twice monthly. Activation Aide #105 provided written documentation indicating that the identified pet had received immunizations in 2011, 2012 and 2013, but no documentation was present to indicate that the animal had been immunized after 2013.

Interview with the Activities Director on September 22, 2016 confirmed that the identified pet visits the home twice monthly as part of their pet visitation program, and has not had up-to-date immunizations for 2015 or 2016. The Activities Director confirmed that the home's policy for its pet visitation program requires that all pets must have up to date vaccinations and immunizations.

Review of the home's Pet Buddies policy, numbered ACT-PET-001, last revised August 30, 2016, confirmed that the policy requires all animals participating in the pet buddy program to have up to date vaccinations and immunizations. [s. 229. (12)]

Issued on this 26th day of September, 2016

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

Original report signed by the inspector.