

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 24, 2021	2021_770178_0005	003309-21	Complaint

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**Licensee/Titulaire de permis**

Valley Manor Inc.  
88 Mintha Street P.O. Box 880 Barrys Bay ON K0J 1B0

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

Valley Manor Nursing Home  
88 Mintha Street P.O. Box 880 Barrys Bay ON K0J 1B0

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

SUSAN LUI (178)

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**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 8-11, 16-18, 2021.**

**The following intake was completed in this Complaint inspection:  
Log #003309-21 was related to infection prevention and control.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Care (DOC), Nursing and Continuous Quality Improvement Coordinator, Human Resources and Office Coordinator, Infection Prevention and Control Coordinator, Support Services Manager, Restorative Care Coordinator, Covid-19 Screener, Activities Aide, Environmental Services Lead Hand, Housekeepers, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), residents, family of a resident, and the Regional Coroner.**

**During the course of the inspection the inspector observed residents, the care they received and their home environment, observed meal service and recreation activities, housekeeping services, infection prevention and control practices, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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>Légende</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 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 with regards to droplet/contact precautions.

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The licensee's infection prevention and control program indicated that when a resident is on droplet/contact precautions, anyone entering the room will wear the following personal protective equipment (PPE): a gown, gloves, a procedure mask and eye protection. When essential visitors are escorted to a room where a resident is on droplet/contact precautions, staff will provide the PPE and instruct or assist the visitors to properly don the PPE. On exiting the room where a resident is on droplet/contact precautions, the essential visitors will be instructed and assisted to remove the PPE, hand hygiene will be performed, and a clean gown and procedure mask will be donned before they are escorted to the building exit.

Staff members who escorted essential visitors to a resident's room when the resident was on droplet/contact precautions, did not instruct the visitors to wear gloves while in the resident's room. A PSW indicated that they did not provide the essential visitors with gloves because they had them sanitize their hands before entering the room instead. On exiting the resident's room, the essential visitors were not instructed to remove their gowns, masks and face shields and change into clean PPE before staff escorted them from the resident's room to the building exit.

2. The licensee's infection prevention and control program indicated that when a resident in a shared room is placed on droplet/contact precautions, the resident may remain in the shared room ensuring they are separated from the other resident in the room using the privacy curtain. Each resident is kept in their own bed space, kept physically distanced more than six feet from the other resident if possible, and the privacy curtains must remain drawn between the residents.

The privacy curtain was not drawn between two residents who were on droplet/contact precautions in a shared room. A PSW indicated that the residents were separated by at least six feet, and staff had left the privacy curtain open between the two residents to allow for better observation of one of the residents who was at risk of falls.

Sources: Isolation Policy and Procedure (NINF-ISO-001, last revised March 2018); Droplet Contact Precautions signage; Pandemic/Infection Control Meeting Minutes (dated August 24, 2020); observations within the long-term care home; and interviews with an essential visitor, PSWs and the Infection Prevention and Control Coordinator. [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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

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**Issued on this 25th day of March, 2021**

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

**Original report signed by the inspector.**