



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ém} étage
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection January 11, 12, 2011	Inspection No/ d'Inspection 2011_146_2737_11Jan104032	Type of Inspection/Genre d'inspection Complaint H-03111
---	---	---

Licensee/Titulaire
955464 Ontario Limited, 3700 Billings Court, Burlington, ON., L7N 3N6

Long-Term Care Home/Foyer de soins de longue durée
Valley Park Lodge, 6400 Valley Way, Niagara Falls, ON., L2E 7E3

Name of Inspector(s)/Nom de l'inspecteur(s)
Barbara Naykalyk-Hunt, #146

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care, 3 registered staff, one housekeeping staff, 3 Personal Support Workers (PSW's) and a resident.

During the course of the inspection, the inspector: reviewed the health file of an identified resident, observed the resident, visited the resident's room and bathroom and observed three residents' rooms and bathrooms on each of 2 wings..

The following Inspection Protocols were used during this inspection: Personal Support Services, Accommodation Services – housekeeping.

Findings of Non-Compliance were found during this inspection. The following action was taken:

4 WN
1 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.22(1)

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.

Findings:

1. A letter of complaint related to resident care was sent to the Valley Park Lodge Administrator. The complaint letter was not forwarded to the Ministry of Health by the licensee.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s15(2)

**15(2) Every licensee of a long-term care home shall ensure that,
(a)the home, furnishings and equipment are kept clean and sanitary;**

Findings:

1. The following was noted in a resident bathroom immediately after the housekeeper finished cleaning the bathroom:

- toilet bowl smeared with dark coloured substance
- bathroom floor gritty underfoot,
- dirt accumulation by baseboards
- dust balls behind bathroom door and dirt accumulated behind door stop

2. The following was noted in another resident room:

- dirt and dust on floor behind door into hallway

3. The hallway floors were very dull and smeared with streaks giving the appearance of being dirty. The administrator confirmed that the problem was the wax that had been used and was in the process of changing it.

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 in keeping the home clean and sanitary, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with: O.Reg. 79/10, s. 33(1)

33(1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Findings:

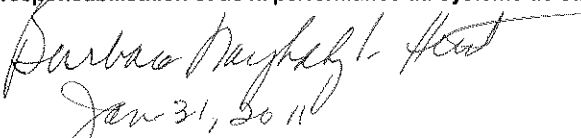
1. According to an identified resident's health file's flow charts for 2 months in 2010, the resident was given a bath/shower twice in one month (11th and 25th) instead of the required 8 baths; and 5 times in the second month (6, 9, 16, 20, and 27th) instead of 9 baths.
2. There is no rationale documented, such as resident refusal.

WN #4: The Licensee has failed to comply with: O.Reg. 79/10, s.35(2)

35(2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails.

Findings:

1. According to an identified resident's flow sheets for 2 months in 2010, nail care was not given in one month and 3 times in the second month (6, 20 and 27th). According to the home's policies on bathing, revised in June 2010, nail care is to be done with each bath/shower/sponge bath done twice weekly.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.  Jan 31, 2011
Title:	Date:	Date of Report: (if different from date(s) of inspection).