

**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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**Public Copy/Copie du rapport public**

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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>
Jul 24, 2020	2020_577611_0011	013159-20	Complaint

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**Licensee/Titulaire de permis**

955464 Ontario Limited  
3700 Billings Court BURLINGTON ON L7N 3N6

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

Valley Park Lodge  
6400 Valley Way NIAGARA FALLS ON L2E 7E3

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

KELLY CHUCKRY (611)

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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): July 3, 6, and 8, 2020 onsite in the home, and July 7, 2020 offsite.**

**During the course of the inspection, the inspector reviewed clinical health records, complaint logs, and relevant email communication.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the complainant, resident(s), registered staff, and Personal Support Workers (PSWs).**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Hospitalization and Change in Condition  
Personal Support Services**

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

**1 WN(s)**

**0 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. 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 :**

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1. The licensee failed to ensure that a documented record was kept in the home that included, (a) the nature of each verbal or written complaint; (b) the date the complaint was received; (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; (d) the final resolution, if any; (e) every date on which any response was provided to the complainant and a description of the response; and (f) any response made in turn by the complainant.

A complaint was received by the Ministry of Long Term Care in June 2020, pertaining to resident #001. This complaint identified concerns with respect to continence and bowel management, plan of care, and hospitalization and change of condition.

A complaint was received by the home via email on an identified date. This complaint identified that a device used by resident #001 was not able to be used by them. In an interview with resident #001 the device was not in working order over an identified period of time. Identified staff #103 confirmed the device had not been functioning for the same identified period of time.

A second complaint was received on the same day via email and identified concerns about resident #001's diagnostic test results. There had been ongoing concerns about this during an identified period of time, and continued through the inspection. Identified staff #102 confirmed that specific diagnostic tests were being completed for resident #001, and have been an ongoing concern for the resident and their family.

The homes complaint log for 2020 was reviewed. This log did not include the above noted complaints from the family of resident #001.

In an interview conducted with the Administrator, it was confirmed that these two items were not included as part of the documented complaint log records kept in the home. [s. 101. (2)]

**Issued on this 11th day of August, 2020**

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

**Original report signed by the inspector.**