

**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>
May 3, 2021	2021_780699_0007	007356-20, 001341-21	Complaint

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**Licensee/Titulaire de permis**

Advent Health Care Corporation  
541 Finch Avenue West North York ON M2R 3Y3

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

Valleyview Residence  
541 Finch Avenue West North York ON M2R 3Y3

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

PRAVEENA SITTAMPALAM (699), IVY LAM (646)

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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 15-19, 22-26, 29, April 6-9, 2021.**

**The following complaint intakes were inspected:**

- Log #007356-20 related to neglect of a resident; and**
- log #001341-21 related no cooks in the home and menu planning.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DRC), Nurse manager (NM), Food Service manager (FSM), Nurse Practitioner (NP), Registered Dietitian (RD), cooks, dietary aides (DA), registered nurse (RN), registered practical nurse (RPN), personal support workers (PSW), residents and family members.**

**During the course of the inspection, the inspector observed staff to resident interactions, and the provision of care, reviewed health records, and any relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**

**Food Quality**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

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

**5 WN(s)**

**3 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. 71. Menu planning Specifically failed to comply with the following:**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle, (f) is reviewed by the Residents' Council for the home; and O. Reg. 79/10, s. 71 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home's menu cycle was reviewed by the Residents' Council.

A complaint was received regarding not having a cook in the Long-Term Care (LTC) home, residents being given sandwiches daily, and lack of menu rotation at meal and snack times.

The last review of the home's menu by the Residents' Council was on November 25, 2019, where the winter/spring menu was approved and implemented. The menu in place at the time of inspection was the Summer/Fall 2020 menu.

The Residents' Council President stated they had not reviewed any menus over the past year. They further stated they had some recommendations to the menu and would like to see changes to the current menu.

The FSM stated the current menu came into effect in the summer of 2020, but there was no record of review by the Residents' Council, as the council has not been able to meet regularly during the pandemic over the past year. They stated the home's menu cycle should be reviewed by Residents' Council, and it was not done for the Summer/Fall 2020 menu cycle.

[Sources: Resident Food Advisory Committee meeting records - dated November 25, 2019; current summer/fall 2020 menu; interviews with Residents' Council President, FSM, RD, and other staff.] [s. 71. (1) (f)]

***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 the home's menu cycle is reviewed by the Residents' Council for the home, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

**Specifically failed to comply with the following:**

**s. 72. (2) The food production system must, at a minimum, provide for, (f) communication to residents and staff of any menu substitutions; and O. Reg. 79/10, s. 72 (2).**

**s. 72. (4) The licensee shall maintain, and keep for at least one year, a record of, (c) menu substitutions. O. Reg. 79/10, s. 72 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to provide communication to residents and staff of any menu substitutions; and documentation on the production sheets of any menu substitutions.

The home's policy for temporary menu substitutions stated that temporary substitutions may be made to the menu by the FSM only. Substitutions and changes must be recorded and added to the residents' posted menus as per the Long-Term Care Homes Act prior to meal service.

Mealtime observations on the second, third and fourth floors on March 25, 2021, showed the lunch entrée was to be breaded pollock. No menu substitutions were documented on the daily or weekly menu.

The DA stated there was a menu substitution to the entrée at the lunch meal, as there was no breaded pollock available, and residents were provided another type of unbreaded fish fillet instead. They stated the change was not verbally communicated to the residents, as the FSM was to write the change on the daily menu for residents to see. They were not sure why this was not done for the lunch meal.

The FSM stated the cooks should notify the FSM or FSS of any menu substitutions and the FSM or FSS would write it on the daily menu to communicate the menu substitution to the residents. The FSM was not notified of any menu substitutions that day, and had not updated the daily menus on the residents' home areas, and the menu substitution was not communicated to the residents.

[Sources: Home's policy - effective July 17, 2017, titled "January 2017 - Menu Substitution and Resident Choice Days" DTY-III-9; Daily and weekly posted menus; mealtime and dining room observations; interviews with DA #109, FSM.] [s. 72. (2) (f)]

2. The licensee has failed to maintain, and keep for at least one year, a record of menu substitutions.

The home's policy for temporary menu substitutions stated that temporary substitutions may be made to the menu by the FSM only. Substitutions and changes must be recorded and added to the residents' posted menus as per the Long-Term Care Homes Act prior to meal service.

The FSM was unable to provide a record of menu substitutions over the past year. They stated they had started working in the home in November 2020, and there was no system in place to keep records of the menu substitutions. Menu substitutions were made and communicated to residents on the daily menu, but they had not kept the records and was not able to find any records of menu substitutions over the past year by the previous FSM.

[Sources: Home's policy - effective July 17, 2017, titled "January 2017 - Menu Substitution and Resident Choice Days" DTY-III-9; Dining Room Observations; Interviews with FSM.] [s. 72. (4) (c)]

***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 the food production system must, at a minimum, provide for communication to residents and staff of any menu substitutions, and maintain, and keep for at least one year, a record of the menu substitutions, to be implemented voluntarily.***

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**WN #3: 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. (5) The licensee shall ensure that on every shift,  
(a) symptoms indicating the presence of infection in residents are monitored in  
accordance with evidence-based practices and, if there are none, in accordance  
with prevailing practices; and O. Reg. 79/10, s. 229 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that three residents were monitored every shift when they had an infection.

a. The MLTC received a complaint related to resident's care and symptom management after being diagnosed with an infection.

Review of a resident's progress notes showed that the resident was not monitored for signs and symptoms of an infection for seven shifts.

b. As noncompliance was identified to the resident above, scope was expanded to two additional residents.

A resident began exhibiting symptoms of an infection and the resident was isolated. The resident continued to exhibit symptoms on and off until they were diagnosed with an infection. Over a period of 23 days, they were not monitored for 26 shifts.

c. A resident was diagnosed with an infection. Over a period of 14 days, the resident was not monitored for 14 shifts.

Staff were to monitor all vital signs, including temperature and oxygenation, and respiratory symptoms for residents with an infection. The expectation was that staff would be documenting in the resident's progress notes. The DRC confirmed that the three residents were not monitored every shift in accordance with evidence-based practices.

Sources: Residents' clinical health record and progress notes, screening forms, and interview with the DRC. [s. 229. (5) (a)]

***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 on every shift, symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident's substitute decision maker (SDM) was informed of a change of health condition in the resident.

The MLTC received a complaint regarding the SDM not being informed of the resident being isolated and being tested for an infection.

The resident was observed to have a signs of an infection and was subsequently tested. Review of the progress notes did not indicate that the SDM was notified of the above information. The DRC and Nurse Practitioner (NP) confirmed it was the expectation that the resident's SDM be informed of any changes to the resident's condition.

Sources: Resident's progress notes, and interviews with the DRC and NP. [s. 6. (5)]



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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 76. Cooks  
Specifically failed to comply with the following:**

**s. 76. (1) Every licensee of a long-term care home shall ensure that there is at least one cook who works at least 35 hours per week in that position on site at the home. O. Reg. 79/10, s. 76 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there was at least one cook who worked at least 35 hours per week in that position on site at the home.

Review of the cooks' hours between September 2020 to March 2021 showed two weeks where a cook as defined above was not on-site at least 35 hours per week. The week of September 23 to 29, 2020, had 32 cooks' hours. The week of September 30 to October 6, 2020, also had 32 cooks' hours.

The FSM stated two out of three of the home's cooks had resigned over the past year, and two dietary aides (DAs) who have had training with the cooks have been used on days when only one or no cooks were available to work. The FSM said the DAs do not have the certification required by the LTCHA as cooks. Their hours were not counted towards the 35 hours per week for cooks in the calculations above.

The Administrator stated the home was short on cooks and did not meet the cooks' hours requirements for the identified periods above. This was due to the difficulty in retaining cooks for the home.

[Sources: Two Weeks Department Schedule Report from September 2020 to March 9, 2021, home's Position Description - Cook I – date prepared January 2011; interviews with the FSM and Administrator.] [s. 76. (1)]

**Issued on this 5th day of May, 2021**

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

**Original report signed by the inspector.**