Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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Original Public Report

Report Issue Date: December 30, 2022	
Inspection Number: 2022-1437-0002	
Inspection Type: Critical Incident System	
Licensee: Advent Health Care Corporation	
Long Term Care Home and City: Valleyview Residence, North York	
Lead Inspector Kim Lee (741072)	**Inspector Digital Signature** Kim Lee Digitally signed by Kim Lee Date: 2023.01.03 11:10:13 -05'00'
Additional Inspector(s) Rodolfo Ramon (704757)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
December 6-9, and 12, 2022

The following intake(s) were inspected:

- Intake: #00003129 (CIS: 2954-000023-22) related to improper transferring;
- Intake: #00003973 (CIS: 2954-000022-22) related to falls;

The following intakes were completed in the Critical Incident System (CIS) inspection:
Intake #00002814, CIS#2954-000019-22, Intake #00001798-22, CIS#2954-000028-22, Intake # 00001811-22, CIS# 2954-000027-22, Intake #00003488-22, CIS# 2954-000017-21, Intake #00006629-22, CIS# 2954-000032-22, Intake # 00005887-22, CIS#2954-000030-22, Intake #00003735-22, CIS#2954-000031-22, were related to falls prevention and management;
and Intake #00001256-22, CIS#2954-000018-21 and Intake #00003564-22, CIS#2954-000011-22 were related to improper transferring.

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

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure the implementation of a standard issued by the Director with respect to infection prevention and control (IPAC).

The licensee failed to ensure that signage was posted indicating enhanced IPAC measures were in place for a resident on Additional Precautions in accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022" (IPAC Standard), as was required under Additional Requirement 9.1 for Additional Precautions.

A room did not have the required additional precaution signage.

A registered staff confirmed that the resident in the room was on additional precautions.

A management staff stated that additional precaution signage should have been placed on the door of the room. The management staff stated that the sign would be placed immediately.

On a later date, additional precaution signage was observed on the door of the room.

Sources: Observations, interviews with home's staff. [741072]

Date Remedy Implemented: December 12, 2022

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 12 (1) 3.

The licensee has failed to ensure that doors leading to non-residential areas were kept closed and locked when not supervised by staff.

A door to a non-residential home area was discovered open and unlocked. The door was propped open with a box of gloves. There were no staff inside the non-residential area. Staff and residents were observed in the vicinity.

A registered staff stated that the door should have been closed and locked for resident safety.

The registered staff closed and locked the door immediately.

Sources: Observations and interview with staff.

Date Remedy Implemented: December 6, 2022 [741072]

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 12 (1) 3.

The licensee has failed to ensure that doors leading to non-residential areas were kept closed and locked when not supervised by staff.

A door leading to a non-residential area was discovered open and unlocked. A staff member was observed leaving the door open. No residents were mobilizing independently in the vicinity.

The staff member acknowledged that the door should not be open for resident safety. The staff member closed and locked the door immediately.

Sources: Observation and interview with staff. [741072]

Date Remedy Implemented: December 6, 2022

WRITTEN NOTIFICATION: PLAN OF CARE

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care is provided for a resident as specified in the plan.

Rationale and Summary

A Critical Incident System (CIS) was submitted related to a fall incident where a resident sustained an injury resulting in significant change in their health.

The resident had a fall. Through an assessment by a health care provider, a Head Injury Routine (HIR) was ordered to be completed for a number of days. The HIR assessment was not completed in accordance to this order.

The health care provider verified the HIR assessment was required to be done for the number of days ordered. There was actual risk to the resident as signs and symptoms of further injury may not have been identified during the assessment.

Sources: Resident orders, interview with staff. [704757]

Rationale and Summary

A resident's plan of care indicated that a specified intervention was required to be in place. Observations conducted by the inspector revealed this intervention was not in place.

The physiotherapist stated that the resident was at high risk for falls and the care plan intervention was required to be in place.

Sources: Observations, resident's plan of care, interview with the physiotherapist. [704757]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the infection prevention and control (IPAC) standard issued by the Director was followed as it related to hand hygiene practices and ensuring all hand hygiene agents are at least 70-90%.

Rationale and Summary

A number of Alcohol Based Hand Rub (ABHR) products were found to be expired throughout the LTCH including the front entrance, screening area, and resident care areas.

Staff confirmed that a number of expired ABHR throughout the LTCH were identified and replaced.

The use of expired ABHR reduced the effectiveness of the ABHR used in the home's hand hygiene program.

Sources: Observations and review of hand sanitizer labels; record review of ABHR audit and interviews with staff. [741072]

Rationale and Summary

Staff were observed performing hand hygiene for residents entering a dining room. A product description indicated that the product did not contain any alcohol.

The use of hand hygiene products without alcohol compromised the effectiveness of the home's hand hygiene program.

Sources: Observations, document review of product description. [741072]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that a policy directive that applied to the LTCH, the Minister's Directive: COVID-19 response measures for LTCH's, was complied with.

In accordance with the Directive, the licensee was required to follow the COVID-19 Guidance Document for LTCHs in Ontario.

Rationale and Summary

The COVID-19 Guidance Document for LTCH's required the licensee to complete IPAC audits every two weeks unless in outbreak, which included the Public Health Ontario's (PHO's) COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes.

The PHO COVID-19 Self-Assessment Audits were not completed every two weeks. Between the months of November 2022 to December 2022, one audit was completed between that time frame. Staff acknowledged that the PHO COVID-19 Self-Assessment Audit Tool for Long Term Care Homes and Retirement Homes was not done at a minimum every two weeks when not in outbreak.

Failing to conduct the required IPAC audits affected the LTCH's ability to monitor, implement and evaluate the home's IPAC program.

Sources: Review of Minister's Directive: COVID-19 response measures for LTCHs, effective August 30, 2022, completed PHO's COVID-19: Self-Assessment Audit, interview with staff. [741072]

WRITTEN NOTIFICATION: TRANSFERRING AND POSITIONING TECHNIQUES

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 40

The licensee has failed to ensure that staff used safe transferring and positioning devices or techniques when assisting a resident.

Rationale and Summary

The home submitted a CIS report to the MLTC, regarding improper/incompetent treatment of a resident.

Staff stated that a resident was transferred using a method that was not indicated in the resident's plan of care. As a result of the incorrect transfer method, this may have led to an injury.

An investigation conducted by the LTCH determined that staff did not follow the resident's plan of care and transferred the resident contrary to the method in the plan of care.

Sources: Resident's plan of care, LTCH investigation notes, interviews with staff. [741072]