

Ministry of Long-Term Care

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

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

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| Report Issue Date: March 1, 2024. | |
| Inspection Number: 2024-1437-0001 | |
| Inspection Type: Proactive Compliance Inspection | |
| Licensee: Advent Health Care Corporation | |
| Long Term Care Home and City: Valleyview Residence, North York | |
| Lead Inspector Trudy Rojas-Silva (000759) | Inspector Digital Signature |
| Additional Inspector(s) Rajwinder Sehgal (741673) | |

INSPECTION SUMMARY

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| <p>The inspection occurred onsite on the following date(s): February 14-16, 20-23, 26, 2024.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00108912 related to the Proactive compliance inspection. |
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The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Residents' and Family Councils

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Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

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)

Non-compliance with: O. Reg. 246/22, s. 29 (3) 7.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.

The licensee has failed to ensure that resident the resident's plan of care was based on, at a minimum, interdisciplinary assessment of the physical functioning, and the type and level of assistance that was required related to an activity of daily living.

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Rationale and Summary

Resident Assessment Instrument-Minimum Data Set (RAI-MDS) completed on admission indicated the resident needed two staff physical assistance for an activity of daily living. However, the plan of care did not identify the level of staff assistance the resident required for an activity of daily living.

According to staff, the resident needed two staff physical assistance with the majority of activities of daily Living and care was always provided in accordance with the resident's needs.

Staff confirmed that the focus for the specific activity of daily living and interventions were missing from the care plan and, they would ensure that the care plan is updated to reflect the resident's required assistance for the activity of daily living.

Staff confirmed the care plan focus for the activity of daily living should have been created for the resident with goals and interventions.

Failure to ensure the plan of care included interventions to address resident's specific activity of daily living may have increased the risk of staff not providing care based on the resident's needs.

Sources: Observations; resident care plan, interview with relevant staff.

[741673]

Date Remedy Implemented: February 22, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

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Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee failed to ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act included the current version of the visitor policy made under section 267.

Rationale and Summary:

Inspector failed to locate the Visitor Policy required to be posted in the home. Staff confirmed a Visitor's policy had not been posted in the home and would immediately post the policy. Noted a Visitor policy was posted on the ground floor of the home.

Not posting the visitor policy in the home placed the residents at no risk.

Sources: Observation in the home, interview with relevant staff.

[000759]

Date Remedy Implemented: February 14, 2024

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WRITTEN NOTIFICATION: PLAN OF CARE

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in their plan.

Rationale and Summary

Record review of the resident's care plan indicated they were a fall risk and required a specific fall prevention device.

During an observation the device was not applied to the resident's wheelchair.

Staff and Management both acknowledged that the falls prevention device was not in place, and as the device was part of the resident's fall prevention interventions within their plan of care it should have been complied with.

Staff's failure to apply the falls prevention device to the resident's wheelchair put the resident at increased risk for falls and injury.

Sources: Observation, resident care plan, interviews with relevant staff.

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WRITTEN NOTIFICATION: DINING AND SNACK SERVICE

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that food and fluids were served at a temperature that were both safe and palatable to residents.

Rationale and Summary

During meal service the food temperatures recorded for two hot food items were 137 degrees Fahrenheit. The dietary aide retook the food temperatures which measured between 126 degrees Fahrenheit to 152 degrees Fahrenheit and acknowledged that some hot food items were below the required hot holding temperature of 140 degrees Fahrenheit.

The home's policy directed staff to record the holding temperatures for food items prior to service and compare the holding temperature reading with the acceptable temperature range for hot food items which should be equal or greater than 60 degrees Celsius (140 degrees Fahrenheit).

Food Service Manager acknowledged that the temperatures recorded at meal service for some hot foods were below the required temperature of 140 degrees Fahrenheit as per home's policy and procedure.

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Failure to maintain a minimum food temperature of 140 degrees Fahrenheit as per the home's safe food temperatures guideline had the potential to impact food safety.

Sources: Observations, home's policy and food temperature logs, interview with manager.

[741673]

WRITTEN NOTIFICATION: DINING AND SNACK SERVICE

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

The licensee has failed to ensure that a lunch meal was served course by course to the resident.

Rationale and Summary

During an observation of a meal service a resident was not provided a main course entrée.

Review of this resident's plan of care gave no indication they were not to be served

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their main course entrée.

Staff confirmed they did not provide the resident with their main course entrée.

Management stated that staff were expected to serve the resident's meals course by course when in the dining room.

Staff's failure to provide the resident with the main course entrée put them at risk of not meeting their daily required caloric intake.

Sources: Observations, resident care plan, interviews with relevant staff.

[741673]

WRITTEN NOTIFICATION: Orientation

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (f)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(f) cleaning and disinfection practices;

The licensee has failed to ensure that the training for staff on infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act included cleaning and disinfection practices.

Rationale and Summary

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During an interview staff could not recall the cleaning and disinfection practices in the home.

Review of this staff member's training record for orientation indicated they had not been trained on cleaning and Disinfection practices.

Management confirmed that staff member did not receive training specific to cleaning and disinfection, which was directly related to their duties and responsibilities.

A staff member not receiving training on cleaning and disinfection practices placed residents at low risk for the transmission of infection.

Sources: Interview with relevant staff, and orientation training records.

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