



**Ministry of Health and Long-Term Care**

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

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

**Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée**

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

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

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 7, 2014	2014_102116_0004	T-201-14	Critical Incident System

**Licensee/Titulaire de permis**

ADVENT HEALTH CARE CORPORATION  
541 Finch Avenue West, NORTH YORK, ON, M2R-3Y3

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

VALLEYVIEW RESIDENCE  
541 Finch Avenue West, NORTH YORK, ON, M2R-3Y3

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

SARAN DANIEL-DODD (116)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): January 21, 22, 30 and February 6, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Nurse Managers, Contracted Agency, Registered staff and Personal Support Workers (PSW)**

**During the course of the inspection, the inspector(s) reviewed the health record of Resident #1 and a walk through of the resident care units**

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



Personal Support Services  
Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

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

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that Resident #1 is clothed, groomed and cared for in a manner consistent with his/her needs.

- Resident #1's written care plan documents the resident is very particular with showers. Resident #1 prefers to be showered between a specified time period. Resident #1 requires limited assistance with dressing and prefers to be dressed in the shower room.

- Interviews with Registered staff and PSW's confirmed that Resident #1 prefers to be dressed prior to exiting the shower room.

- On a specified date, Resident #1 was observed in the hallway with only a towel covering partial parts of his/her body.

- Interview with the assigned PSW from a contracted agency confirmed attending to the resident after the preferred shower time. Further, the PSW confirmed Resident #1 was not dressed in the shower room in a manner consistent with Resident #1's care needs[s. 3. (1) 4.].

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Loi de 2007 sur les foyers de  
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Issued on this 10th day of February, 2014



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

A handwritten signature in cursive script, appearing to read "A. D. ...".