Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 12, 2017	2017_660218_0007	019181-17	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF ST. THOMAS
545 TALBOT STREET P. O. BOX520 ST. THOMAS ON N5P 3V7

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

VALLEYVIEW HOME
350 Burwell Road ST. THOMAS ON N5P 0A3

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

APRIL TOLENTINO (218), AILEEN GRABA (682), STEPHANIE DONI (681)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): September 18, 19, 20, 21, 22, 26, 27, 28, 29, 2017.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of Care, Pharmacist, Food Services Director, President of Family Council, Volunteer Coordinator, Registered Nurses, Registered Practical Nurses, Personal Support Workers, and residents.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Residents' Council
Skin and Wound Care

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

- **7 WN(s)**
- **5 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 245. Non-allowable resident charges
The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:
1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
ii. the Minister under section 90 of the Act. O. Reg. 79/10, s. 245.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario. O. Reg. 79/10, s. 245.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network. O. Reg. 79/10, s. 245.
4. Charges for goods and services provided without the resident's consent. O. Reg. 79/10, s. 245.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home. O. Reg. 79/10, s. 245.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program. O. Reg. 79/10, s. 245.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account. O. Reg. 79/10, s. 245.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

Findings/Faits saillants :

1. The licensee failed to ensure that residents were not charged for goods and services that a licensee was required to provide to a resident using funding that the licensee

received from the Local Health Integration Network (LHIN).

The Ministry of Health and Long-Term Care (MOHLTC) Funding Policy titled "LTCH Required Goods, Equipment, Supplies and Services", dated July 1, 2010 (Funding Policy) as part of the L-SAA agreement, provide that the Licensee cannot charge residents for continence management supplies. The funding policy which was part of the L-SAA agreement, provides that the licensee must provide the following goods, equipment and services to long-term care home residents at no charge using the funding the licensee received from the LHIN or accommodation charges received under the Long-Term Care Homes Act (LTCHA).

The funding policy under section 2.1.2 of the Continence Management Supplies stated, "Continence management supplies including, but not limited to: a. A range of continence care products in accordance with section 51 of the Regulation under the LTCHA".

The clinical record for an identified resident showed a Minimum Data Set (MDS) assessment of the resident's continence status which demonstrated in the resident's care plan that they required a specific continence product and this was provided by the resident's family.

The home’s list of residents using this type of continence product was reviewed and showed that 21.5 percent of the residents were identified as using this specific continence product.

A family member acknowledged that the identified resident required the specific continence product and that they purchased these items for the resident at their own expense. The family member stated that they considered this product to be the best option for the resident because the resident lacked the knowledge and understanding on the uses of other continence products.

A staff member acknowledged that the continence product was used by the identified resident. The staff member also considered this product to be the best option for the resident because it supported the resident's continence status. The staff member stated that these continence products were supplied by the family because the home did not cover the cost of this type of product for any resident.

A staff member stated that this specific continence product was available for residents if they preferred them but clarified that there was a cost associated with this type of

continence product.

The list of continence management supplies that were available in the home was reviewed and showed that the specific continence care product was not provided by the home on this list.

The Assistant Director of Care (ADOC) stated that the residents who used this specific continence care product were either billed directly but the supplier or the residents' families supplied them. The ADOC also stated that this continence care product was not covered by the home because they were too expensive and that products of equivalent purposes were offered by the home.

The home's Continence Care and Bowel Management Program policy was reviewed and stated that “an interdisciplinary, individualized continence care plan based on resident preferences and assessed needs will be developed for each resident for both bladder and bowel continence at the time of admission to Valleyview. The care plan interventions will be aimed at achieving the goals of maximizing resident independence, comfort and dignity.”

A record review of the home's Continence Care Product Evaluation from Residents and Families for 2017 was conducted and an anonymous comment on the satisfaction survey documented that they would prefer for the resident to wear the specific continence product during the day.

The licensee failed to ensure that residents were not charged for continence products that a licensee was required to provide to a resident using funding that the licensee received from the Local Health Integration Network (LHIN).

The severity of this issue related to non-allowable resident charges was determined to be a level one with minimal risk but the scope was identified as widespread. The home had a history of unrelated non-compliance. [s. 245. 1.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place a policy that the policy is complied with. (O.Reg. 79/10, s. 8 (1) b).

The home's policy titled Medication Administration Pass documented that the staff member administering the medication must "stay with the resident to ensure the medication has been swallowed".

A resident was observed sitting in dining room with a medication cup in front of them that contained multiple different medications. No registered staff were observed in the dining room at this time. Twenty-seven minutes later, the resident was observed to have independently taken some of these medications. The ADOC was contacted and stated that these medications belonged to the resident. The ADOC acknowledged that the medications should not have been left unattended with the resident. The ADOC then proceeded to leave the dining room even though some medications were still on the table in front of the resident. Eleven minutes later, the resident proceeded to take the remaining medications in front of them.

The nurse stated that they had provided the medications to the identified resident during their medication pass. The nurse stated that this was the resident's usual process of taking their medications. The nurse stated that the resident would independently take their medications after meal service. The nurse stated that they usually checked back at a later time to ensure that the resident had taken their scheduled medications but that on

this particular day, the nurse was unable to because of other duties. The nurse stated that the home's expectation was that medications were not be left alone with residents.

During two subsequent observations conducted on two separate days, the identified resident was observed with their medication cup in front of them. The medication cup contained multiple separate medications. No staff were observed to be present at either of these times.

The licensee failed to ensure that the home's Medication Administration Pass policy was complied with and that registered staff stayed with the reisdent until their administered medications had been swallowed.

The severity of this issue related to the home's medication policy was determined to be a level two with the potential for actual harm. The scope was identified as isolated and the home had a history of unrelated non-compliance. [s. 8. (1) (b)]

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 policy related to medication administration is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices

Specifically failed to comply with the following:

s. 31. (1) A resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care. 2007, c. 8, s. 31. (1).

Findings/Faits saillants :

1. The licensee failed to ensure that no resident of the home is restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36 of the LTCHA.

Section 31 (1) of the LTCHA stated "a resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care".

An identified resident was observed with a form of restraint while in their wheel chair. A clinical record review showed that the restraint was not included in resident's plan of care nor did it include a physician's order or a documented consent for this particular restraint.

A review of the home's policy titled "Restraints and personal assistance devices (PASDs) Policy No. RC&S 09-1" page six of nine stated in section three, "RN/RPN to contact resident's SDM and obtain informed consent/refusal for proposed restraint. Consent may be obtained over the telephone initially and noted, but must be followed up with written consent at the earliest convenience of the Substitute Decision Maker (SDM). Consent is noted on the Valleyway Home Consent for use of Restraint form". In addition, section four of the policy stated "following completion by the SDM, the consent is placed on the physician file for review and procurement of a physician order for proposed restraint".

The nurse acknowledged that the resident should have had a physician's order for the particular restraint and that there was not a physician's order or a written consent for this restraint. The nurse also acknowledged that a physician or RN in the extended class had not approved the restraint and that the restraining of the identified resident had not been consented to by a Substitute Decision Maker with authority to give that consent. The nurse stated that the restraint should have been included in the plan of care but was not included.

In an interview, the ADOC stated that they were not aware of this restraint being used on the identified resident.

The licensee failed to ensure that no resident is restrained by the use of a physical device unless specified in the resident's plan of care.

The severity of this issue related to restraints was determined to be a level two with the potential for actual harm. The scope was identified as isolated and this area of non-compliance was previously issued as a written notification on November 27, 2014. [s. 31. (1)]

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 no resident of the home is restrained by the use of a physical device unless included in the resident's plan of care, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 35. Prohibited devices that limit movement
Every licensee of a long-term care home shall ensure that no device provided for in the regulations is used on a resident,
(a) to restrain the resident; or
(b) to assist a resident with a routine activity of living, if the device would have the effect of limiting or inhibiting the resident's freedom of movement. 2007, c. 8, s. 35.

Findings/Faits saillants :

1. The licensee failed to ensure that no prohibited device provided for in the regulation is used on a resident to retrain the resident.

For the purposes of section 35 of the LTCHA, every licensee of a long term care home shall ensure that the following device was not used in the home: any devices with locks that can only be released by a separate device, such as a key or magnet, as referenced in the Ontario Regulations 79/10, s. 112 (3).

An identified resident was observed with a prohibited device that was being used as a form of restraint.

A review of the home’s policy titled "Restraints and Personal Assistance Service Devices (PASD) Policy No. RC&S09-1" page two of nine stated under the Long Term Care Homes Act, Regulation 79 that there were several prohibited devices (LTCHA s.35; Reg 79/10 s.122) that limit movement and were not to be used in the home.

A nurse stated that the restraint was being applied as per family's request and they were not aware that this type of restraint was considered a prohibited device.

The Administrator stated that they were not aware of the prohibited device that was used by the identified resident. The Administrator stated that nursing staff were aware of the use but lacked the knowledge of the specifications related to the device being considered prohibited.

The licensee failed to ensure that any devices with locks that can only be released by a separate device, such as a key or magnet were not used in the home.

The severity of this issue related to the use of prohibited devices was determined to be a level two with the potential for actual harm. The scope was identified as isolated and the home had a history of unrelated non-compliance. [s. 35. (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 no prohibited device provided for in the regulation is used on a resident to restrain the resident and that any devices with locks that can only be released by a separate device, such as a key or magnet is used in the home, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (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: 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

Dining observations were completed as part of the 2017 Resident Quality Inspection (RQI).

During a dining observation on one of the established units in the home, residents were observed to be served their main meals while they were still in the process of eating their first course.

Three residents were observed to stop eating their first course after they were served their second course. All three residents stated they stopped eating their first course because they felt it was too much and that they would have not been able to eat their second course if they continued to eat their first one.

A staff member stated that the home's usual process was to use the table rotation

schedule to serve the main course as soon as the first course had been served, regardless of whether or not residents had finished eating their first course.

The home's Meal Service policy titled “Dining Room” stated that meals were to be served in an unhurried manner that allowed sufficient time for residents to eat at their own pace, one course at a time.

The Food Service Director stated that it was the home’s expectation that staff wait until residents had finished eating before the next course was served. [s. 73. (1) 8.]

2. The licensee failed to ensure that the home had a dining and snack service that included, at a minimum, the following element: course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. Ontario Regulations 79/10, 73 (1) 8.

During a dining observation on another established unit, it was noted that an identified resident was in the bathroom during the first meal course. When the resident returned to the dining room, a staff member was observed to have brought the resident their first and second course at the same time. Another identified resident was observed to be eating their first course and second course at the same time. Seven additional residents were observed to receive their second course while still eating their first course. Multiple residents were observed being offered and served dessert while still eating their second courses.

During an interview, a staff member stated that the second course would be brought out while the residents were still eating their first course. The staff member acknowledged that the dining service was not served course by course and that attempts were made to rotate table service as best they could.

The licensee failed to ensure that residents were served their meals course by course, unless otherwise indicated by the resident or by the resident’s assessed needs.

The severity of this issue related to dining services was determined to be a level one with minimum risk and the scope was identified as a pattern. This area of non-compliance was issued as a written notification and as a voluntary plan of correction on November 27, 2014. [s. 73. (1) 8.]

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 has a dining service that includes course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,
(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).
(b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).
(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that every medication incident involving a resident was analyzed with corrective actions taken as necessary and that a written record was kept of these requirements.

A Medication Incident report documented that an identified nurse administered an incorrect dose of medication to an identified resident that resulted in no harm. There was no documentation in the report to describe that an analysis of the incident was conducted to determine the root cause or other contributing factors.

The ADOC stated that they did not determine the root cause of the medication error.

The Medication Incident report further documented that ADOC spoke to the nurse but there were no further notes to include corrective actions taken to prevent a recurrence of the incident.

The ADOC also stated that they would only take corrective actions as necessary if they felt that the staff member committed a greater medication error but they felt this was not the case for this incident.

The licensee has failed to ensure that the medication incident was analyzed along with corrective actions taken and that a written record was kept of these requirements.

The severity of this issue related to medication incidents was determined to be a level two with the potential for actual harm. The scope was identified as isolated and the home had a history of unrelated non-compliance. [s. 135. (2)]

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 every medication incident involving a resident was analyzed with corrective actions taken as necessary and that a written record was kept of these requirements, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:
5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated. O. Reg. 79/10, s. 51 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that that the continence care and bowel management program included an annual evaluation of the residents’ satisfaction with the range of continence care products in consultation with residents, subsitute decision-makers and direct care staff.

The clinical record for an identified resident showed a MDS assessment of the resident's continence status which demonstrated in the resident's care plan that they required a specific continence product and this was provided by the resident's family. In an interview, a staff member stated that the specific continence products were supplied by the family because the home did not cover the cost of this product for any resident. The home's evaluation of the residents’ satisfaction survey related to continence care products was further reviewed.

The home's Continence Care Product Evaluation from Residents and Families for 2017 included the following five questions:
1. Does the incontinent product keep your/their skin dry?
2. Does the product promote a better sleep at night?
3. Are you/your family member being assisted with toileting while wearing incontinent products?
4. Does this product help reduce incontinence related odour?
5. Does the product preserve you/your family members’ dignity by being quiet, discrete, and non-bulky under clothing?

The Administrator stated that the satisfaction survey asked residents, families and staff if they were satisfied with the incontinence products at the time the survey was completed.

The licensee has failed to ensure that the continence care and bowel management program included an annual evaluation of the range of continence care products that were supplied by the home.

The severity of this issue related to the annual evaluation of the home's continence care program was determined to be a level one with minimum risk. This area of non-compliance was issued as a written notification and as a voluntary plan of correction on November 27, 2014. [s. 51. (1) 5.]

Issued on this 8th day of November, 2017

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	APRIL TOLENTINO (218), AILEEN GRABA (682), STEPHANIE DONI (681)
Inspection No. / No de l'inspection :	2017_660218_0007
Log No. / No de registre :	019181-17
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	Oct 12, 2017
Licensee / Titulaire de permis :	THE CORPORATION OF THE CITY OF ST. THOMAS 545 TALBOT STREET, P. O. BOX520, ST. THOMAS, ON, N5P-3V7
LTC Home / Foyer de SLD :	VALLEYVIEW HOME 350 Burwell Road, ST. THOMAS, ON, N5P-0A3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Michael Carroll

To THE CORPORATION OF THE CITY OF ST. THOMAS, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 245. The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:
1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
ii. the Minister under section 90 of the Act.
O. Reg. 79/10, s. 245.

Order / Ordre :

The licensee shall ensure that residents are not charged for continence management supplies that the licensee was required to provide to the resident using funding that the licensee received from the LHIN or accommodation charges received under the LTCHA.

The licensee shall ensure:
a) That the identified resident and any other resident requiring continence care products are assessed and provided continence care products based on their individual assessed needs as outlined in the regulations.
b) Residents and families are made aware of the range of continence products available to them at no cost. Staff in the home communicate with the identified resident and any other resident currently providing their own continence product to ensure they are aware there are a range of continence products available to them at no cost.
c) An audit is conducted of all residents that have lived in the home in the year of 2017 to determine if they had used the specific continence product:
(i) When the specific continence product was/is used, the home will determine when the product was provided by the home, if the resident/representative was providing the product, and if the product was/is an assessed need.
(ii) When the product was provided by the resident/representative the licensee will reimburse all actual or estimated expenses incurred by the resident/representative in 2017, for the full cost of the products used.

Grounds / Motifs :

1. The licensee failed to ensure that residents were not charged for goods and services that a licensee was required to provide to a resident using funding that the licensee received from the Local Health Integration Network (LHIN).

The Ministry of Health and Long-Term Care (MOHLTC) Funding Policy titled "LTCH Required Goods, Equipment, Supplies and Services", dated July 1, 2010 (Funding Policy) as part of the L-SAA agreement, provide that the Licensee cannot charge residents for continence management supplies. The funding policy which was part of the L-SAA agreement, provides that the licensee must provide the following goods, equipment and services to long-term care home residents at no charge using the funding the licensee received from the LHIN or accommodation charges received under the Long-Term Care Homes Act (LTCHA).

The funding policy under section 2.1.2 of the Continence Management Supplies

stated, "Continence management supplies including, but not limited to: a. A range of continence care products in accordance with section 51 of the Regulation under the LTCHA".

The clinical record for an identified resident showed a Minimum Data Set (MDS) assessment of the resident's continence status which demonstrated in the resident's care plan that they required a specific continence product and this was provided by the resident's family.

The home's list of residents using this type of continence product was reviewed and showed that 21.5 percent of the residents were identified as using this specific continence product.

A family member acknowledged that the identified resident required the specific continence product and that they purchased these items for the resident at their own expense. The family member stated that they considered this product to be the best option for the resident because the resident lacked the knowledge and understanding on the uses of other continence products.

A staff member acknowledged that the continence product was used by the identified resident. The staff member also considered this product to be the best option for the resident because it supported the resident's continence status. The staff member stated that these continence products were supplied by the family because the home did not cover the cost of this type of product for any resident.

A staff member stated that this specific continence product was available for residents if they preferred them but clarified that there was a cost associated with this type of continence product.

The list of continence management supplies that were available in the home was reviewed and showed that the specific continence care product was not provided by the home on this list.

The Assistant Director of Care (ADOC) stated that the residents who used this specific continence care product were either billed directly but the supplier or the residents' families supplied them. The ADOC also stated that this continence care product was not covered by the home because they were too expensive and that products of equivalent purposes were offered by the home.

The home's Continence Care and Bowel Management Program policy was reviewed and stated that "an interdisciplinary, individualized continence care plan based on resident preferences and assessed needs will be developed for each resident for both bladder and bowel continence at the time of admission to Valleyview. The care plan interventions will be aimed at achieving the goals of maximizing resident independence, comfort and dignity."

A record review of the home's Continence Care Product Evaluation from Residents and Families for 2017 was conducted and an anonymous comment on the satisfaction survey documented that they would prefer for the resident to wear the specific continence product during the day.

The licensee failed to ensure that residents were not charged for continence products that a licensee was required to provide to a resident using funding that the licensee received from the Local Health Integration Network (LHIN).

The severity of this issue related to non-allowable resident charges was determined to be a level one with minimal risk but the scope was identified as widespread. The home had a history of unrelated non-compliance. [s. 245. 1.] (681)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Feb 09, 2018

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this (these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 12th day of October, 2017

Signature of Inspector /
Signature de l'inspecteur :

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Name of Inspector / Nom de l'inspecteur : April Tolentino

Service Area Office / Bureau régional de services : London Service Area Office