



**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**

**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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<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>
Oct 17, 2018	2018_725522_0013	015298-18	Follow up

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**Licensee/Titulaire de permis**

The Corporation of the City of St. Thomas  
545 Talbot Street ST. THOMAS ON N5P 3V7

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

Valleyview Home  
350 Burwell Road ST. THOMAS ON N5P 0A3

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

JULIE LAMPMAN (522)

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

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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 4 and 5, 2018.

This Follow up inspection was completed related to compliance order #001 from Resident Quality Inspection #2018\_725522\_0001 related to pain assessments.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing, a Registered Nurse, and a Registered Practical Nurse.

During the course of the inspection, the inspector(s) also completed observations, reviewed clinical records and policies and procedures.

The following Inspection Protocols were used during this inspection:  
Pain

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

- 1 WN(s)
- 1 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 52. (2)	CO #001	2018_725522_0001		522

**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>Legendé</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. 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 this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

Ontario Regulation 79/10 s.48 (1) (4) states, "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A pain management program to identify pain in residents and manage pain."

Ontario Regulation 79/10 s.30 (1) (1) states, "Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required."

A review of an identified resident's progress notes on a specific date, noted a Non-triggered Clinical Problem related to pain.

A review of Valleyview Home's Pain Assessment Policy No. RC&S 15-10 noted the following:

"Screening for the presence of pain:

Indicators for completing a pain assessment if any one of the following occurs:

- States he/she has pain, ie: 4 out of 10
- Is diagnosed with a chronic painful disease
- Has a history of chronic unexpressed pain
- Is taking pain-related medication for > 72 hours including medical directive
- Has distress related behaviours (ie: anxiety) or facial grimace
- Indicates that pain is present through family/staff/volunteer observation."

"Pain Assessment, utilizing the clinically appropriate tool will be completed at the following times to correspond with the MDS Assessment as appropriate:

- Within the first 24 hours following admission



- Readmission from hospital
- Quarterly as per the MDS schedule
- With any Significant Change MDS Assessment
- Upon new diagnosis of a painful condition.”

“The Pain Level Record in EMAR is to be used:

- On admission for 7 seven days if pain is identified on assessment or the resident is receiving analgesic either routine or prn
- Is taking a new or adjusted pain-related medication( increase or decrease)
- Routinely for all prns excluding medical directives.”

A review of the identified resident’s previous doctor’s orders noted the identified resident received routine analgesic two times a day. On a specified date the identified resident was ordered an increase of the analgesic to one tablet by mouth three times a day.

A review of the identified resident's electronic Medication Administration Record (eMAR) for an identified time frame, noted when the identified resident's analgesic was changed from twice daily to three times daily, a pain level was only noted once.

A review of pain assessments for the identified resident noted the identified resident had received a full pain assessment on a specified date and then a quarterly pain assessment six months later. There was no documentation to support that the identified resident received a quarterly pain assessment three months after the full pain assessment.

In an interview, the Registered Nurse (RN) stated that pain assessments were completed quarterly for residents and with a change in pain medication. The RN reviewed the identified resident’s electronic record and confirmed that the identified resident did not have a quarterly pain assessment as per the home's policy.

The RN stated that when residents had an increase or decrease in pain medication registered staff were to document the resident’s pain level in the eMAR to monitor the effectiveness of the change in medication.

In an interview, the Registered Practical Nurse reviewed the identified resident’s eMAR with inspector. The RPN confirmed that pain levels were not documented for the identified resident after the resident received an increase in analgesic. The RPN stated that pain levels for the identified resident should have been documented in the resident’s



eMAR after the change in their medication.

In an interview, the Director of Nursing stated that registered staff should be following the home's pain assessment policy.

The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with. [s. 8. (1) (a), s. 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 where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with, to be implemented voluntarily.***

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Issued on this 17th day of October, 2018

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

**Original report signed by the inspector.**