

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

Rapport d'inspection prévue
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 Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 10, 2019	2019_674610_0028	014508-19, 014764- 19, 015552-19	Complaint

Licensee/Titulaire de permis

The Corporation of the City of St. Thomas
545 Talbot Street 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

NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 23, 26 and 27, 2019

**The following complaint inspection was completed:
Complaint IL-69152 Log #015552-19 related to Zero Tolerance of Abuse and
Neglect.**

**The following Critical Incident Reports (CI) were completed concurrently during
this inspection**

**(CI) M628-000024-19, Log #014508-19 related to Zero Tolerance of Abuse and
Neglect.**

**(CI) M628-000017-19, IL-67023 Log #014764-19 related to Zero Tolerance of Abuse
and Neglect.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Director of Care (DOC), Associate Director of Care (ADOC), Quality Improvement
Manager (QI), Social Worker, Nurses, Personal Support Workers (PSW),
Housekeeper, and resident(s).**

**Also observed resident care areas, reviewed relevant documentation, policy and
procedures and health care records.**

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care**

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

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written policy that promotes zero tolerance of abuse and neglect of residents and that it was complied with.

This inspection was completed related to Complaint, received by the Ministry of Health and Long Term Care (MOHLTC) related to allegations of physical abuse from a PSW to a specific resident. This inspection was also completed related to a Critical Incident (CI) that was submitted by the home and received by the Ministry of Health (MOH) regarding the same allegation of physical abuse from a PSW to a specific resident.

Documentation for the specific resident showed an incident of physical aggression to a staff member from the resident.

Further documentation in PCC showed the resident's family called with concerns regarding resident altered skin integrity. The nurse did not notify family of this incident and the incident was not immediately reported to the DOC.

Documentation showed that the family had concerns about altered skin integrity related to the incident that occurred. This allegation of physical abuse was not immediately reported to the DOC.

The licensee policy Resident Abuse/Neglect -Zero tolerance stated in part that:

Valleyview home will notify the resident's Substitute Decision Maker (SDM) immediately; Conduct a head to toe physical assessment of the alleged victim and document findings if physical abuse was alleged.

2. This inspection was completed related to a Critical Incident (CI) received by the MOHLTC, related to allegations of physical abuse from an unknown staff member to a specific resident. This inspection was also completed related to skin and wound expansion.

The CI report showed that a specific resident and a family member reported two staff entered the resident's room and allegedly provided rough care. The Resident stated they were not given any time to wake and that they were having pain.

The licensee policy Resident Abuse/Neglect -Zero tolerance Policy stated in part that: Valleyview home will; Conduct a head to toe physical assessment of the alleged victim and document findings if physical abuse is alleged.

A review of record documentation showed that there was no completed assessment related to altered skin integrity and no incident report documented regarding the allegation of physical abuse.

During an interview with the RPN they said that staff are to report to the family any incidents and document. They also said that they may not complete assessment related to certain skin integrity issues but that they should document and notify the family. The incident that had also occurred on a specific date was not documented.

The licensee failed to ensure that ensured that there was a written policy that promotes zero tolerance of abuse and neglect of residents and that it was complied with.

A review of the home's internal investigation showed that a PSW had observed the altered skin integrity but failed to report observation on the day the alteration was found. The family was not made aware of the skin alteration.

During an interview with the RPN they said that staff are to report to the family any incidents and document the incident. They also said that they may not complete a head to toe assessment on a a specific skin integrity issue but that they should document this and notify the family.

The licensee failed to ensured that there was a written policy that promotes zero tolerance of abuse and neglect of residents and that it was complied with
The RPN failed to report the incident to the family and the nurse failed to report the incident to the DOC.

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 has failed to ensure that there was a written policy that promotes zero tolerance of abuse and neglect of residents and that it was complied with, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary
assessment of the following with respect to the resident:**

18. Special treatments and interventions. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care was based on an interdisciplinary assessment with respect to the resident's special treatments and interventions.

The licensee policy Head to Toe Skin Assessments Policy stated in part that a Head to Toe assessment would be required and completed under the assessments.

A review of a specific resident's documentation showed that they sustained an incident and had an area of altered skin integrity. Further review of the treatment TAR showed that there was no documented evidence that the eTAR had been transcribed and there was no head to toe assessment completed in PCC under the assessment section.

The ADOC said that staff are to ensure that treatments are documented under the orders tab and also on an app that the home utilizes. Also staff are to complete weekly assessments on skin alterations such as rash and skin tares and that this could also would be completed on the skin app.

DOC acknowledge that the home failed to start a treatment in the eTAR for the specific resident's altered skin tare.

The licensee has failed to ensure that the plan of care was based on an interdisciplinary assessment with respect to the resident's special treatments and interventions.

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 plan of care was based on an interdisciplinary assessment with respect to the resident's special treatments and interventions, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that staff received training on the home policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities.

This inspection was completed related to a Complaint, received by the MOHLTC related to allegations of physical abuse from a PSW to a specific resident #001. This inspection was also completed related to a Critical Incident (CI) that was submitted by the home and received by the Ministry of Health (MOH) regarding the same allegation of physical abuse from a PSW to a specific to resident. Further review of the CI showed the incident had occurred on a specific date.

The licensee policy Resident Abuse/Neglect -Zero tolerance Policy stated in part that: Education- New Hire; will receive education at the time of commencement of services at Valleyview Home related to resident abuse and neglect, staff reporting and whistle blowing. This education will be in the form of formal policy review as well as completion of a quiz.

The Social Worker told inspector during an interview that they had not received the policy on zero tolerance of abuse from the home when they were hired and that they were not informed about required reporting of any types of abuse allegations.

Interview with the ADOC said that they did not provide education on orientation for the Social Worker and that they had only provided the Social Worker with a pamphlet and there was documentation to support that the education had been completed.

The DOC stated their policy was not to provide pamphlets to contract staff that are providing resident care that a pamphlet was only to be provided to contracture were providing non-resident care.

The licensee has failed to ensure that staff received training on the home's policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities. [s. 76. (2) 3.]

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 has failed to ensure that ensured that staff received training on the home policy to promote zero tolerance of abuse and neglect of residents, prior to performing their responsibilities, to be implemented voluntarily.

Issued on this 10th day of September, 2019

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

Original report signed by the inspector.