



**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 28, 2017	2017_638609_0006	032025-16	Critical Incident System

Licensee/Titulaire de permis

VALLEY EAST LONG TERM CARE CENTRE INC.
689 YONGE STREET MIDLAND ON L4R 2E1

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

ELIZABETH CENTRE
2100 Main Street Val Caron ON P3N 1S7

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

CHAD CAMPS (609)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 6-10, 2017.

A Follow Up inspection #2017_638609_0005 and a Complaint inspection #2017_638609_0007 were conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Co-Director of Care (Co-DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and residents.

The Inspector(s) also conducted a daily walk through of resident care areas, observed the provision of care towards residents, observed staff to resident interactions, reviewed residents' healthcare records, staffing schedules, staff training records, components of human resource files, internal investigations, policies, procedures and programs.

**The following Inspection Protocols were used during this inspection:
Training and Orientation**

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)



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.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training



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Specifically failed to comply with the following:

s. 76. (6) Every licensee of a long-term care home shall ensure that the following are done:

- 1. The further training needed by the persons mentioned in subsection (1) is assessed regularly in accordance with the requirements provided for in the regulations. 2007, c. 8, s. 76. (6).**
- 2. The further training needs identified by the assessments are addressed in accordance with the requirements provided for in the regulations. 2007, c. 8, s. 76. (6).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the further training needs identified were addressed in accordance with the requirements provided for in the regulations, whereby under O. Reg. 79/10, s. 219 (3) (b), the further training needs identified were addressed in the manner the licensee considered appropriate.

A Critical Incident (CI) report was submitted to the Director, which outlined allegations that PSW #101 physically abused resident #001 on a particular day involving an assistive device.

A review of the internal investigation found that PSW #101 was involved in a second incident, with resident #004 involving the use of an assistive device.

During an interview with the DOC, a review of the home's internal investigation into the allegations was conducted. The allegations of abuse were found to be unsubstantiated but it was identified that PSW #101 required retraining in an identified policy of the home to ensure their safe work performance using an assistive device.

During an interview with PSW #101 they verified that since the CI report was submitted to the Director they resumed work at the home and had worked a total of three shifts. PSW #101 verified that they were to complete additional training in an identified policy of the home.

During an interview with the DOC they verified that PSW #101 should have completed the training prior to resuming their direct care responsibilities and that this did not occur.

During an interview with the Administrator they verified PSW #101's gap in knowledge of the identified policy. [s. 76. (6) 2.]



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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 further training needs identified are addressed in accordance with the requirements provided for in the regulations, whereby under O. Reg. 79/10, s. 219 (3) (b), the further training needs identified are addressed in the manner the licensee considers appropriate, to be implemented voluntarily.

Issued on this 28th day of April, 2017

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

Original report signed by the inspector.