

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

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

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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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>
Sep 15, 2021	2021_828744_0015	007196-21	Critical Incident System

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**Licensee/Titulaire de permis**

Valley East Long Term Care Centre Inc.  
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1

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

Elizabeth Centre  
2100 Main Street Val Caron ON P3N 1S7

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

STEVEN NACCARATO (744), CHAD CAMPS (609), RYAN GOODMURPHY (638)

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**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): July 19-23, 26-30, 2021.**

**The following intake was inspected upon during this Critical Incident Inspection:**

**- One intake was related to an alleged incident of emotional abuse of a resident.**

**Complaint Inspection #2021\_828744\_0016 and Follow Up Inspection #2021\_828744\_0017 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), Staff Educators, Environmental Services Manager, Housekeeping Supervisor, Infection Prevention and Control (IPAC) Lead, Food Services Manager, Dietitian, Behavioural Supports Ontario (BSO) staff, Life Enrichment Coordinator, Restorative Care Coordinator, Restorative Care Aide, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeping staff, Activity Aides, Dietary Aides, Companion workers and residents.**

**The Inspector(s) also conducted a daily tour of the home, reviewed relevant resident records, internal investigations, policies and procedures of the home and observed the delivery of resident care and services, including staff to resident interactions.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation  
Safe and Secure Home**

**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. 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:**

**13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure a resident's right to not be restrained.

A resident was witnessed by staff displaying a responsive behaviour and using an assistive device to leave a room. The resident was then brought back to the room by a staff member, was told to refrain from their responsive behaviour and the resident's movement was restrained by disabling the use of their assistive device.

The home's failure to ensure that the resident's right to not be restrained caused minimal risk, as the resident was restrained for a short period of time.

Sources: A CIS Report; The home's internal investigation notes; Interviews with an RPN and other staff. [s. 3. (1) 13.]

***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 every resident has the right to not be restrained, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff used safe transferring and positioning devices or techniques when assisting a resident.

A staff member witnessed a resident being transferred using a technique that was contraindicated for the resident.

The home's failure to ensure that staff used a safe transferring technique when assisting the resident, caused actual risk, as the resident required a specific technique when being transferred.

Sources: A CIS Report; The home's internal investigation notes; Interviews with the Restorative Care Aide and other staff. [s. 36.]

***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 staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the hand hygiene program implemented by the home was in accordance with evidence-based practices.

The Inspector observed that residents who attended the meal service after it had started, were not offered alcohol based hand rub before starting their meal. Furthermore, no residents were observed being offered the opportunity to clean their hands after the meal service. The “Just Clean Your Hands Implementation Guide” outlined that residents were to have their hands cleaned before and after meals.

The Infection Prevention and Control (IPAC) lead identified that staff were to clean residents’ hands before meal service but was not sure if the home’s hand hygiene program included direction for after meals. The home’s hand hygiene program did not include any direction on when to provide hand hygiene to residents.

Sources: Inspector observations; Just Clean Your Hands Implementation Guide Ontario’s step-by-step guide to implementing a hand hygiene program in your long-term care home; home policy titled Operations of Homes – Infection Control – Hand Hygiene Program – Version #3 last revised 2020-06-26; interviews with the IPAC lead, residents and other staff. [s. 229. (9)]

***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 there is in place a hand hygiene program in accordance with evidence-based practices, to be implemented voluntarily.***

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**Issued on this 21st day of September, 2021**

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

**Original report signed by the inspector.**