

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

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| Report Issue Date: February 22, 2023 | |
| Inspection Number: 2023-1353-0004 | |
| Inspection Type: Complaint Critical Incident System | |
| Licensee: Valley East Long Term Care Centre Inc. | |
| Long Term Care Home and City: Elizabeth Centre, Val Caron | |
| Lead Inspector Shelley Murphy (684) | Inspector Digital Signature |

INSPECTION SUMMARY

The Inspection occurred on the following date(s): January 31-February 2, 2023.

The following intake(s) were inspected:

- One intake for a complaint related to staffing.
- One intake related to staff to resident abuse.

The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Restraints/Personal Assistance Services Devices (PASD) Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Restraints

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 119 (2) (1)

The licensee failed to ensure that staff only apply a physical device that was ordered or approved by a physician or registered nurse in the extended class.

During a review of the Critical Incident Report (CIS) report it stated that a physical device had been applied to a resident.

The home's investigation notes for a staff indicated that they saw the resident with the physical device in place.

After reviewing the physician orders it was confirmed that there was no order for the physical device to be used.

During a discussion with both the Administrator and Regional Clinical Manager they both stated that the physical device should never have been used.

Sources: CIS report, home's policy LTC Consent-Restraints Policy, last reviewed June 16, 2022, physician orders for the resident, home's investigation notes, interviews with staff, Administrator and Regional Clinical Manager interview.

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WRITTEN NOTIFICATION: Prevention of Abuse and Neglect

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

The licensee failed to ensure that the written policy to promote zero tolerance of abuse and neglect of a resident, was complied with.

Neither of the staff involved in an allegation of abuse were immediately put off work pending

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completion of the abuse investigation. Upon review of documentation for the resident, and the staffing schedules, it showed that both staff members worked for several days post incident.

The Interim Director of Care (DOC) stated that the staff should have been off the schedule.

Sources: CIS, Policy for Zero Tolerance for Resident Abuse and Neglect, last reviewed July 5, 2022, resident documentation, staff schedules and Regional Clinical Manager Interview.

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