Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

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

Original Public Report

Report Issue Date: June 2, 2023	
Inspection Number: 2023-1353-0006	
Inspection Type: Proactive Compliance Inspection	
Licensee: Valley East Long Term Care Centre Inc.	
Long Term Care Home and City: Elizabeth Centre, Val Caron	
Lead Inspector Sylvie Byrnes (627)	**Inspector Digital Signature** Sylvie Byrnes Digitally signed by Sylvie Byrnes Date: 2023.06.22 11:36:02 -04'00'
Additional Inspector(s) Karen Hill (704609) Ryan Goodmurphy (638) Inspector Eva Namysl (000696) also attended the inspection during orientation.	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 15-19, 2023.
The following intake(s) were inspected:

- One intake related to a proactive compliance inspection.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that a resident's plan of care was updated when their care needs changed.

Rationale and Summary
The resident's plan of care identified that staff were to ensure a specific intervention was implemented. Upon observing the resident without the specific intervention implemented, a Personal Support Worker (PSW) identified that the intervention was no longer needed by the resident. The Director of Care (DOC) identified that the care plan had been updated to remove the intervention; however, it was not removed from the Kardex, care tasks within Point of Care (POC) and in another area of the care plan.

There was low risk to the resident as staff were aware that the resident's care needs had changed and the intervention was not being implemented.

Sources: Resident's health care records including; care plan; Kardex; POC tasks; and interviews with the DOC and other staff. [638]

Date Remedy Implemented: May 19, 2023

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

The licensee has failed to ensure that the written plan of care set out the planned care for a resident.

Rationale and Summary
1) A resident was observed without specific items. A physician order indicated that staff were to encourage the use of the specific items; however, the resident's care plan did not identify the specific items. A Registered Nurse (RN) indicated that the resident's care plan should have included

interventions regarding the specific items.

2) The resident's progress notes revealed that the resident received a health care service from a specific staff member; however, the resident's care plan did not indicate that the resident required the health care service from a specific staff member.

The staff members confirmed that the process to make staff aware of the resident's care needs was through the written care plan; however, the care plan did not identify information related to these interventions.

By not ensuring that the resident's written plan of care set out the planned care for the resident, the resident was placed at risk of receiving the incorrect care.

Sources: Observations of a resident; a resident's care plan, progress notes, and clinical physician orders; and interviews with a resident and staff members. [704609]

WRITTEN NOTIFICATION: Plan of Care
NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that the resident's plan of care was reviewed and revised when their care needs changed.

Rationale and Summary

A resident's assessment identified that the resident required a specific level of care with activities of daily living (ADL); however, the resident's care plan identified that they needed a different level of care than was identified in the assessment. The resident's care plan also indicated that the resident utilized a specific item; however, the resident no longer required the specific item.

Failing to ensure that the resident's plan of care was reviewed and revised when their care needs had changed, placed the resident at moderate risk of not receiving the care that they required.

Sources: A resident's progress notes; Minimum Data Set (MDS) Quarterly Assessments; resident's current care plan and interviews with a resident and staff members. [704609]

WRITTEN NOTIFICATION: Advice
NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (4)

The licensee has failed to seek the advice of the Family Council (FC) in carrying out the Resident and

Family/Caregiver Experience survey.

Rationale and Summary
A resident satisfaction survey was conducted in 2022.

The Administrator and the FC Chair both confirmed that the FC was not provided with a copy of the Annual Resident and Family/Caregiver satisfaction survey to review and provide feedback related to the survey, prior to it being issued by the home.

When the FC were not afforded the opportunity to provide input related to carrying out the annual survey, there was a potential risk that the resident and family/caregiver needs and preferences, would not be heard.

Sources: Correspondence from the Licensee, Family Members, and Representatives; email correspondence from the FC Chair; FC Minutes of Meeting, response letter from licensee to the FC, and interviews with the FC Chair, Resident and Family Services Coordinator, and the Administrator. [704609]

WRITTEN NOTIFICATION: Duty to respond
NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 66 (3)

The licensee has failed to respond in writing to the Family Council (FC) within 10 days of receiving concerns or recommendations about the operation of the home.

Rationale and Summary
A review of the FC Minutes of Meeting revealed agenda items that required action and a response from the home. The response was provided, in writing, 34 days later. The FC Chair stated they had not always received a written response from the home within 10 days related to concerns or recommendations made during the FC meetings. The Administrator stated that the home responded in writing; however, it was not always within 10 days.

When the FC was not always provided the answers to their concerns identified as part of the meeting minutes within 10 days, in writing, it potentially impacted the FC's assistance, information, and advice to residents, family members of residents, and persons of importance to residents.

Sources: FC Meeting Minutes; the Home's written response to FC; email correspondence between the FC Chair and the home; and interviews with the FC Chair; the Resident and Family Services Coordinator; and the Administrator. [704609]

WRITTEN NOTIFICATION: Doors in a Home

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

The licensee has failed to ensure that all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents and that those doors were kept closed and locked when they were not being supervised by staff.

Rationale and Summary
The Inspector checked doors to non-residential areas on multiple dates and identified; a soiled utility room with a door that would not lock; linen, utility and equipment storage rooms that were not latched; one janitor's closet that was not locked; and two shower rooms and two linen rooms that were propped open. Each of these doors were unattended at the time of the observations and staff acknowledged they were to be kept closed and locked when not in use.

Staff failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised, which put the residents at risk due to the accessibility of hazardous chemicals and posed an increased fall risk.

Sources: Inspector's observations of the home areas; and interviews with the Administrator and other staff. [638]

WRITTEN NOTIFICATION: Air Temperature
NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (2)

The licensee has failed to ensure that the temperature was measured and documented in writing, at a minimum in the following areas of the home: at least in two resident bedrooms in different parts of the home and in one resident common areas, on every floor of the home.

Rationale and Summary
The Inspector reviewed the home's air temperature records which was maintained up until January 31, 2023. The Manager of Environmental Services identified that they had the screeners checking and recording air temperatures up until the end of January and re-initiated air temperature checks May 15, 2023, when the heat related illness prevention and management plan came back into effect.

There was minimal risk to the residents when the air temperature was not checked between February 1, 2023, and May 15, 2023.

Sources: Review of the air quality recording forms; the home's policy titled: LTC Prevention and Management of Heat Related Illness and Conditions (Hot Weather); interviews with the Manager of Environmental Services and the Administrator. [638]

WRITTEN NOTIFICATION: Infection Prevention and Control Program
NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented related to hand hygiene.

Rationale and summary
According to the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, the home's IPAC program must include support for residents to perform hand hygiene (HH) prior to receiving meals and snacks, and after toileting.

During an observation of a meal service, the inspectors observed the Activity department staff members assist residents who were present in the dining room with HH prior to the meal being served. After the Activity department staff members had left the dining room, more residents entered the dining room for the meal service. They were not offered or encouraged to complete hand hygiene prior to their meal. The IPAC lead stated that the Activity department staff members went from unit to unit to assist residents with hand hygiene, and the expectation was that the RPN would assist the residents who were missed prior to them receiving their meal and if the RPN was busy, a PSW would assist the residents with HH.

There was low risk to the residents who did not receive assistance with hand hygiene.

Sources: Interviews with an RPN and IPAC lead; Observations of lunch meal service; record review, home's policy titled, "LTC Hand Hygiene Program". [627]

WRITTEN NOTIFICATION: Infection Prevention and Control
NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (4) (d)

The licensee has failed to ensue that the local medical officer of health appointed under the Health Protection and Promotion Act or their designate were invited to the quarterly interdisciplinary IPAC

team meetings.

Rational and summary
The Administrator stated that they had not invited the local medical officer of health or their designate to the quarterly IPAC meeting.

There was no harm to the residents when the local medical officer of health was not invited to the quarterly IPAC meetings.

Sources: Interviews: Administrator and IPAC lead; record review; quarterly IPAC meeting minutes. [627]