

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

Public Report

Report Issue Date: April 29, 2025

Inspection Number: 2025-1353-0002

Inspection Type:

Critical Incident
Follow up

Licensee: Valley East Long Term Care Centre Inc.

Long Term Care Home and City: Elizabeth Centre, Val Caron

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 22-25, 2025

The following intake(s) were inspected:

- One intake was related to a fall of a resident resulting in injury.
- One intake was related to missing narcotics.
- One intake was related to follow-up #1 - O. Reg. 246/22 - s. 102 (12) 2.
- Two intakes were related to improper/incompetent care of a resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1353-0001 related to O. Reg. 246/22, s. 102 (12) 2.

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

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Continence Care
Resident Care and Support Services
Medication Management
Infection Prevention and Control
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to ensure that written policies and protocols were developed for the medication management system to ensure that accurate acquisition, dispensing, receipt, administration, and destruction and disposal of all drugs used in the home.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the written policies related to medication management were complied with.

Specifically, the staff did not comply with the policy "LTC Narcotics and Controlled Substance", which was included in the home's Medication management Program.

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There were multiple incidents where registered staff members had not completed the running inventory/count for a resident's narcotics.

Sources: A review of a Critical Incident, review of the internal investigation documents; review of the home's policy "LTC Narcotics and Controlled Substance", and interview with the Interim Administrator.

WRITTEN NOTIFICATION: Additional training — direct care staff

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

Non-compliance with: O. Reg. 246/22, s. 261 (1) 4.

Additional training — direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

4. Pain management, including pain recognition of specific and non-specific signs of pain.

The licensee has failed to ensure that a Registered Nurse received annual training on pain management in 2024.

Sources: Review of a Critical Incident and the home's investigation documents, and interview with the Interim Administrator.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe

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transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe positioning techniques while providing continence care to a resident.

Two staff members were required to perform continence care for a resident; however, a Personal Support worker (PSW) provided the resident's care independently and had positioned the resident in an unsafe manner.

Sources: A resident's electronic health records; and, internal investigation notes.

WRITTEN NOTIFICATION: Bedtime and rest routines

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 45

Bedtime and rest routines

s. 45. Every licensee of a long-term care home shall ensure that each resident of the home has the resident's desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

The licensee has failed to ensure that a resident's desired bedtime was supported to promote comfort, rest, and sleep.

The resident's care plan record indicated that they were supposed to be placed to bed at a certain time for their sleep routine. The Restorative Care Coordinator/Falls Prevention Lead stated that the resident was placed to bed too soon by staff members.

Sources: Review of a Critical Incident; review of a resident's clinical records and the home's policy titled, "LTC Plan of Care", last revised date June 12, 2024; interview with two PSWs, and the Restorative Care Coordinator/Falls Prevention Lead.

WRITTEN NOTIFICATION: Continence care and bowel

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management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The licensee failed to provide staff assistance in managing a resident's continence, who was unable to toilet independently.

A resident required extensive assistance post-toileting; however, the resident did not receive the required assistance.

Sources: A resident's electronic health records; Internal investigation notes; and an interview with a Personal Support Worker.

WRITTEN NOTIFICATION: Reporting of critical incidents

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 3.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

3. A missing or unaccounted for controlled substance.

The licensee has failed to ensure that the Director was notified within one business day when a missing or unaccounted narcotic was identified.

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A critical incident report indicated that a resident had missing narcotic medications; however, this was not reported to the Director until several days later.

Sources: Review of a critical incident, review of the home's internal investigation of the incident; review of a resident's clinical records, and interview with the Interim Administrator.

WRITTEN NOTIFICATION: Director of Nursing and Personal Care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 250 (3)

Director of Nursing and Personal Care

s. 250 (3) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care,

- (a) has at least one year of experience working as a registered nurse in the long-term care sector;
- (b) has at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting; and
- (c) has demonstrated leadership and communication skills.

The licensee has failed to ensure that the current interim Director of Care (DOC) had at least one year of experience working as a registered nurse in the long-term care sector and had at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting.

Sources: Interview with the Senior manager for clinical and programs.

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