



**Ministry of Health and  
Long-Term Care**

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

**Ministère de la Santé et des  
Soins de longue durée**

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

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 30, 2015	2015_347197_0005	O-001514-15	Complaint

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### **Licensee/Titulaire de permis**

TRENT VALLEY LODGE LIMITED  
195 Bay Street TRENTON ON K8V 1H6

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

TRENT VALLEY LODGE LIMITED  
195 BAY STREET TRENTON ON K8V 1H9

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

JESSICA PATTISON (197)

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## Inspection Summary/Résumé de l'inspection

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): January 27, 28, 2015**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a Registered Nurse, Registered Practical Nurses, Personal Support Workers and a resident.**

**The inspector also observed resident care and meal service and reviewed a resident's health care record, the staff schedule, a written complaint letter and the home's complaint policy.**

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

**Dining Observation  
Personal Support Services  
Reporting and Complaints  
Sufficient Staffing**

**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>Legendé</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. 22. Licensee to forward complaints**

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

**s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to comply with LTCHA 2007, s. 22(1) in that the licensee did not immediately forward a written complaint that was received concerning the operation of the home to the Director.

Inspector #197 entered the home on January 27, 2015 to conduct a complaint inspection. Upon arrival, the Administrator was asked to provide copies of any recent written complaints received by the home.

The Administrator provided a letter that was received by the home in January 2015 with a concern from a family member related to the operation of the home.

In an interview on January 28, 2015, the Administrator stated that he had not forwarded this written complaint to the Director.

Non compliance related to LTCHA 2007, s.22(1) was also found during two inspections completed in 2014:

- March 4, 2014, Inspection # 2014\_236572\_0001 (WN)
- August 18, 2014, Inspection # 2014\_179103\_0023 (WN) [s. 22. (1)]

***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 written complaints that are received concerning the care of a resident or the operation of the home are immediately forwarded to the Director, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**

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

**s. 31. (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b). O. Reg. 79/10, s. 31 (2).**



**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg. 79/10, s. 31(2) in that they do not have a written staffing plan for nursing and personal support services.

On January 27, 2015, Inspector #197 entered the home to complete a complaint inspection. Upon meeting with the Administrator, a copy of the home's staffing plan was requested. At this time the Administrator stated that the home does not currently have a written staffing plan.

Non compliance related to O. Reg. 79/10, s. 31(2) was previously issued during the Resident Quality Inspection in 2014:

- September 2, 2014, Inspection # 2014\_280541\_0030 (WN, VPC) [s. 31. (2)]

***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 home has a written staffing plan for nursing and personal support services, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**



Specifically failed to comply with the following:

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

#### **Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg. 79/10, s. 101(2) in that the licensee has not ensured that a documented record of all verbal and written complaints is kept in the home.

On January 27, 2015, Inspector #197 entered the home to conduct a complaint inspection. Upon meeting with the Administrator a copy of the home's complaint log/records was requested. At this time the Administrator stated that the home does not keep a documented record of complaints that the home receives.

Non compliance related to O. Reg. 79/10, s. 101(2) was also found during two inspections completed in 2014:

- March 4, 2014, Inspection # 2014\_236572\_0001 (WN, VPC)

- August 18, 2014, Inspection # 2014\_179103\_0023 (WN) [s. 101. (2)]

#### ***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 a documented record of all verbal and written complaints is kept in the home, to be implemented voluntarily.***



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**Issued on this 30th day of January, 2015**

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

**Original report signed by the inspector.**