

Original Public Report

Report Issue Date September 9, 2022

Inspection Number #2022_1065_0001

Inspection Type

- Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other IPAC and Cooling Requirements

Licensee

Trent Valley Lodge NH

Long-Term Care Home and City

Trent Valley Lodge Limited
195 Bay Street, Trenton, ON K8V 1H9

Lead Inspector

Lynda Brown (111)

Inspector Digital Signature

Additional Inspector(s)

Catherine Ochnik (704957)
Stephanie Fitzgerald (741726)

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 25, 26, 27, 28, August 8, 9, 10, 2022.

The following complaint intake(s) were inspected:

- Log # 012670-22 related to a choking incident.
- Log # 009143-22 related to hydration.
- Log # 007203-22 related to missing resident, doors, continence care, odours, abuse and neglect, sufficient staffing and falls.

The following follow-up intake(s) were inspected:

- Log # 000391-22 related to IPAC.
- Log # 015919-21 related to continence care and plan of care.
- Log # 015922-21 related to pain management and plan of care.
- Log # 015918-21 related to change in condition.

Previously Issued Compliance Order(s)

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

Legislative Reference		Inspection #	Order #	Inspector (ID) who complied the order
O. Reg. 79/10	s.229(5)	2021_882760_0045	001	Catherine Ochnik (704957)
O. Reg. 79/10	s.52(2)	2021_885601_0015	005	Lynda Brown (111)
LTCHA, 2007	s.6(7)	2021_885601_0015	011	Lynda Brown (111)
LTCHA, 2007	s.6(4)	2021_885601_0015	002	Lynda Brown (111)

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

- Contenance Care
- Falls Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Pain Management
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Resident Care and Support Services
- Safe and Secure Home

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable.

NON-COMPLIANCE REMEDIED SAFE AND SECURE HOME

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#01 remedied pursuant to FLTCA, 2021, s. 154(2)

<p>Non-compliance with O. Reg. 246/22 s. 12(3)</p> <p>The licensee has failed to ensure that all doors which led to the outside of the home were kept closed and locked.</p> <p>Rationale and Summary While conducting a tour of the home, Inspectors observed a door to a non-residential area was left propped open. The door was noted to be on the second floor of the home on the Maple wing. The open door was in a high traffic hallway and at the time of the observation there was noted to</p>

be one resident in the immediate surroundings. The door led to the clean utility/ housekeeping room. The room was left unattended and unsupervised. Staff could not be found inside the room, or the immediate vicinity of the room. Inspectors immediately brought the open door to the attention of staff in the area.

By not ensuring that all doors leading to non-resident areas of the home were kept closed and locked, unsupervised residents may have had an opportunity to enter into the non-resident area, posing risk of injury or entrapment.

A staff member closed the door, once it was brought to their attention. Subsequent observations throughout the remainder of the inspection revealed no concerns, with doors being closed and locked.

Sources: Observations and interviews of staff.

Date Remedy Implemented: July 28, 2022 [741726]

WRITTEN NOTIFICATION HEAT-RELATED ILLNESS PREVENTION AND MANAGEMENT PLAN

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with O. Reg. 246/22 s.23(2)(e)

The licensee has failed to ensure that the heat-related illness prevention and management policy included a communication protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents’ Council of the home, the Family Council of the home, if any, and others where appropriate.

The home’s heat-related illness prevention and management policy did not include a protocol for appropriately communicating the heat-related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents’ Council of the home, the Family Council of the home, if any, and others when air temperatures were at 26C or above. The DOC confirmed the policy did not include this information and revised the policy on August 9, 2022, to include the communication protocol to be implemented when temperatures were above 26 C.

Sources: Heat Related Illness Prevention and Management Plan and interview of staff.

[111].

WRITTEN NOTIFICATION PLAN OF CARE, DUTY TO COMPLY

NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: LTCHA, 2007 s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care for resident #003 related to locomotion off the unit, was provided to them, as specified in the plan.

Rationale and Summary

Resident #003's care plan had specified directions related to locomotion off the unit. Staff interviewed acknowledged they did not comply with the resident's care plan when the resident was off the unit. As a result, there was risk of injury to the resident, when they left the unit without appropriate supervision.

Sources: Resident #003's care plan, progress notes, New Admission Physician Directives, and interviews with staff.

[741726]

WRITTEN NOTIFICATION RREPORTING AND COMPLAINTS

NC#04 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg 79/10, s. 101 (2) (a)

The licensee has failed to ensure that a documented record of a complaint was kept in the home that included the nature of the written complaint.

Rationale and Summary

A written complaint was received by the LTC home regarding resident #004. The complaint included concerns around resident #004's personal care and hydration needs. The DOC indicated that the LTC home recorded written complaints in the home's complaint binder. A review of the home's complaint binder revealed that the written complaint including the nature of the written complaint was not documented or recorded in the binder. The DOC acknowledged that the complaint was received by the home via e-mail but that the complaint, including the nature of the written complaint was not documented or recorded in the home's complaint binder as required.

Sources: The home's complaint binder and interview with staff.

[704957]

WRITTEN NOTIFICATION REPORTING AND COMPLAINTS

NC#05 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: Reg 79/10, s. 101 (2) (b)

The licensee has failed to ensure that a documented record of a complaint was kept in the home that included the date the complaint was received.

Rationale and Summary

A written complaint was received by the home regarding resident #004. A review of the home's complaint binder revealed that the written complaint including the date the complaint was received was not documented or recorded. The DOC acknowledged that the complaint, including the date the complaint was received, was not recorded in the home's complaint binder.

Sources: The home's complaint binder and interview with staff .

[704957]

WRITTEN NOTIFICATION REPORTING AND COMPLAINTS

NC#06 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg 79/10, s. 101 (2) (c)

The licensee has failed to ensure that a documented record of a complaint was kept in the home that included 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.

Rationale and Summary

A written complaint was received by the home regarding resident #004. A review of the home's complaint binder revealed that the written complaint including 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 was not documented or recorded. The DOC acknowledged that the complaint was not documented or recorded in the home's complaint binder, including actions taken to resolve the complaint.

Sources: The home's complaint binder and interview with staff.

[704957]

WRITTEN NOTIFICATION REPORTING AND COMPLAINTS

NC#07 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg 79/10, s. 101 (2) (d).

The licensee has failed to ensure that a documented record of a complaint was kept in the home that included the final resolution.

Rationale and Summary

A written complaint was received by the home regarding resident #004. A review of the home's complaint binder revealed that the written complaint including the final resolution was not documented or recorded. The DOC acknowledged that the complaint, including the final resolution was not documented or recorded in the home's complaint binder.

Sources: The home’s complaint binder and interview with staff.

[704957]

WRITTEN NOTIFICATION REPORTING AND COMPLAINTS

NC#08 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg 79/10, s. 101 (2) (e)

The licensee has failed to ensure that a documented record of a complaint was kept in the home that included every date on which the response was provided to the complainant and a description of the response.

Rationale and Summary

A written complaint was received by the home regarding resident #004. A review of the home’s complaint binder revealed that the written complaint, including every date on which the response was provided to the complainant and a description of the response, was not documented or recorded. The DOC acknowledged that the complaint was not documented or recorded in the home’s complaint binder, that included the description of the response.

Sources: The home’s complaint binder and interview with staff.

[704957]

WRITTEN NOTIFICATION REPORTING AND COMPLAINTS

NC#09 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg 79/10, s. 101 (2) (f)

The licensee has failed to ensure that a documented record of a complaint was kept in the home that included the response made in turn by the complainant.

Rationale and Summary

A written complaint was received by the home regarding resident #004. A review of the home’s complaint binder revealed that the written complaint including the response made in turn by the complainant was not documented or recorded. The DOC acknowledged that the complaint, including the response made in turn by the complainant was not documented or recorded in the home’s complaint binder.

Sources: The home’s complaint binder and interview with staff.

[704957]

WRITTEN NOTIFICATION REPORTING AND COMPLAINTS

NC#10 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg 79/10, s. 101 (3) (a)

The licensee has failed to ensure that the documented record of a complaint was reviewed and analyzed for trends at least quarterly.

Rationale and Summary

A written complaint was received by the home regarding resident #004. A review of the home’s complaint binder revealed that the written complaint including an analysis of trends including the results of the review of the complaint were not available for review. The DOC confirmed that the complaint had not been reviewed or analyzed for trends. Failure to review and analyze complaints the home received may have resulted in missed opportunities to improve areas of concern pertaining to resident care.

Sources: The home’s complaint binder and interview with staff.

[704957]

WRITTEN NOTIFICATION REPORTING AND COMPLAINTS

NC#11 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg 79/10, s. 101 (3) (b)

The licensee has failed to ensure that the documented record of a complaint was reviewed and analyzed, and the results of the review and analysis were taken into account in determining what improvements were required in the home.

Rationale and Summary

A written complaint was received by the home regarding resident #004. A review of the home’s complaint binder revealed that an analysis of trends including the results of the review of the complaint were not available for review. The DOC confirmed that the complaint had not been included in a review or analysis for trends.

Sources: The home’s complaint binder and interview with staff.

[704957]

WRITTEN NOTIFICATION REPORTING AND COMPLAINTS

NC#12 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg 79/10, s. 101 (3) (c)

The licensee has failed to ensure that the documented record of a complaint was reviewed and analyzed and that the written record was kept of each review and of the improvements made in response.

Rationale and Summary

A written complaint was received by the home regarding resident #004. A review of the home's complaint binder revealed that an analysis of trends including the results of the review of the complaint and the written record of each review and of the improvements made in response were not available for review. The DOC confirmed that the complaint had not been reviewed or analyzed for trends.

Sources: The home's complaint binder and interview with staff (DOC).

[704957]

COMPLIANCE ORDER [CO#001] AIR TEMPERATURES

NC#13 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s.24(2)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O.Reg. 246/22, s. 24(2)

The licensee has failed to ensure that the air temperature was measured and documented in writing, at a minimum in at least two resident bedrooms in different parts of the home, one resident common area on every floor of the home, which may include a lounge, dining area or corridor and every designated cooling area, if there are any in the home

Specifically, the licensee shall:

1. Complete and keep a documented record of air temperature measurements in at least two resident bedrooms, in different parts of the home, one resident common area on every floor of the home, which may include a lounge, dining area or corridor and every designated cooling area, if there are any in the home, as required.
2. Develop and implement a process to determine who will be responsible for completing the air temperatures, which thermometer is to be used and actions to be taken when the air temperatures are below 22 C or above 26C.
3. Develop and implement a process to determine who will be responsible for monitoring that the air temperatures are being completed as required, actions taken when they are not completed and how often they will be monitored.

Grounds

The home was fully air conditioned. There were no air temperatures measured and documented in at least two resident bedrooms in different parts of the home, one resident common area on every floor of the home, which included a lounge, dining area or corridor and every designated cooling area, as required. The Manager of the Physical Plant indicated the Registered nursing staff were responsible for measuring the air temperatures in the home and notify them when the temperatures were below 22 or above 26C. They were unaware that the air temperatures had not been measured and recorded as required and that the first and third floor were missing the air thermometers for a number of months. Two RPN's both indicated the Resident Aids (RA) completed the measuring and documenting of the air temperatures on each floor. Both RPNs confirmed awareness that the air temperature thermometers had been missing for a number of months on the first and third floor, had not monitored the air temperature records or reported the thermometers had been missing. An RA confirmed the air temperature thermometer on the third floor had been missing for a number of months and the air temperature records had not been available for them to complete the documentation of the air temperature measurements. The DOC was also unaware that the air temperatures in the home had not been measured and documented in designated areas as required or that the air thermometers in at least two of the three floors had been missing for several months. Failing to ensure that air temperatures were measured and documented in designated areas as required, especially during the period from May 15 to September 15, 2022 placed residents at risk for heat related illnesses.

Sources: air temperature logs and interview of staff.

[111]

This order must be complied with by September 9, 2022

COMPLIANCE ORDER [CO#002] AIR TEMPERATURES

NC#14 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s.24(3)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with: **O. Reg. 246/22 s.24(3)**

The licensee has failed to ensure the air temperatures were measured and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Specifically, the licensee shall ensure air temperatures are measured and documented in all resident home areas at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night and specifies the times (not shift) the air temperatures were measured.

Grounds

The documented air temperature logs in the home only identified the shift and not the times, when the air temperatures were completed. The first floor had no air temperature measurements documented. The second floor had air temperature measurements documented from July 5 to July 26, 2022 and several air temperature measurements were missing during those dates. The third floor had air temperature measurements documented from April 13 to July 22, 2022, and most of the dates were missing air temperature measurements. Two RPNs and an RA also confirmed that there had not been an air temperature thermometer available for a number of months on both the first and third floor. Resident #001 also reported to the Inspector that they found their room to be too cool in the mornings. Failing to measure and document air temperatures at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night places residents at risk for heat-related illness and the home would not be aware of the air temperatures falls below 22 C.

Sources: air temperature logs, observation of nursing stations and interview of staff.

[111]

This order must be complied with by September 9, 2022

COMPLIANCE ORDER [CO#003] AIR TEMPERATURES

NC#15 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s.24(5)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with: **O. Reg. 246/22 s.24(5)**

The licensee has failed to ensure a documented record was kept of the air temperature measurements for at least one year.

Specifically, the licensee shall:

1. Ensure a documented record is kept of the air temperature measurements for at least one year, so that they are available upon request.
2. Determine who will be responsible for collecting the air temperatures, how often and where they will be stored.

Grounds

There were no air temperature records documented for at least one year throughout the home. The first floor had no air temperature records, the second floor had records from July 5 to 26, 2022. Most of those records did not include air temperature measurements. The third floor had records from April 13 to July 22, 2022 and many of those records were missing air temperature measurements. The Manager of the Physical Plant and the DOC both confirmed the records were missing air temperature measurements and did not have documented records for the past year as required. They also confirmed that the staff did not have air temperature thermometers on two of the three floors. Failing to keep a documented record of air temperature for at least one year, especially during the period of May 15 to September 15, can result in air temperatures either below 22 Celsius (C) or above 26 C being undetected and/or residents at risk for heat-related illness or being too cold.

Sources: air temperature logs and interview of staff.
 [111]

This order must be complied with by September 9, 2022

COMPLIANCE ORDER [CO#004] IPAC AND IPAC STANDARD

NC#16 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: FLTCA, 2021 s.102(2)(b) and IPAC Standard 9.1 (b)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with s. 102 (2) (b) and IPAC Standard – Additional Requirement 9.1 for Routine Practices (b).

The licensee has failed to ensure that a standard or protocol issued by the Director with respect to infection prevention and control was implemented and that Routine Practices and

Additional Precautions were followed in the IPAC program in accordance with the “Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022” (IPAC Standard).

Specifically, the licensee shall:

- a) Retrain PSW #105 and RA #107 regarding the hand hygiene program and keep a documented record.
- b) Conduct daily hand hygiene audits on all resident home areas for a period of two weeks to ensure that all staff are following the hand hygiene program.
- c) Provide on the spot education when staff are not adhering to hand hygiene program.
- d) Ensure audit records are made available for the inspector upon request.

Grounds

On a specified date, observations of PSW #105 indicated they did not perform hand hygiene between residents when they assisted a number of residents in the dining room. In an interview on the same day, PSW #105 acknowledged that they did not sanitize their hands between assisting the residents in the dining room.

On another date, observations of RA #107 indicated they did not perform hand hygiene when delivering nourishments to a number of residents in their rooms. In an interview on the same day, RA #107 acknowledged that they should have performed hand hygiene prior to entering and after exiting each resident room.

Failure to ensure that staff participated in the implementation of the infection prevention and control program may have led to transmission of disease.

Sources: Observations and staff interviews.

This order must be complied with by September 23, 2022

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include,

- (a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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

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

Central East Service Area Office
33 King Street West, 4th Floor
Oshawa ON L1H 1A1
Telephone: 1-844-231-5702
CentralEastSAO.moh@ontario.ca