

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: August 21, 2024

Inspection Number: 2024-1065-0003

Inspection Type:

Complaint

Critical Incident

Follow up

Licensee: Trent Valley Lodge Limited

Long Term Care Home and City: Trent Valley Lodge, Trenton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 8-9, 12-16, 19-20, 2024

The following intake(s) were inspected:

- Intake: #00112816 - CI# 2337-000009-24; Intake: #00118591 - CI# 2337-000017-24; - Outbreaks Declared.
- Intake: #00114890 - CI# 2337-000010-24; Intake: #00115123 - CI# 2337-000011-24; Intake: #00115459 - CI #2337-000012-24; Intake: #00119927 - CI# 2337-000021-24; Intake: #00120088 - CI# 2337-000024-24; - all intakes related to alleged resident to resident physical abuse.
- Intake: #00115105 -Complaint regarding suspected physical abuse of resident, by another resident.
- Intake: #00121713, Intake #00123511, and Intake #00121837 - Complaint regarding transferring and alleged neglect of care.
- Intake: #00121716 - CI# 2337-000028-24 Complaint to home regarding care and care services.
- Intake: #00122187 - Complaint regarding toileting.
- Intake: #00117971 - CI# 2337-000016-24 - Fall of resident with injury.
- Intake: #00118599 - CI# 2337-000018-24 - Unexpected death of resident.

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- Intake: #00120104 - CI# 2337-000023-24; Intake: #00122121 - CI# 2337-000029-24 - alleged resident to resident sexual abuse.
- Intake: #00118341 - Follow-up #: 1 - O. Reg. 246/22 - s. 19 related to windows in the home.
- Intake: #00118342 - Follow-up #: 1 - O. Reg. 246/22 - s. 55 (2) (b) (i) related to skin and wound care.
- Intake: #00118343 - Follow-up #: 1 - O. Reg. 246/22 - s. 261 (2) 1 related to training.
- Intake: #00118344 - Follow-up #: 1 - O. Reg. 246/22 - s. 138 (1) (b) related to safe storage of drugs.
- Intake: #00118345 - Follow-up #: 1 - FLTCA, 2021 - s. 6 (1) related to plan of care.
- Intake: #00118346 - Follow-up #: 1 - O. Reg. 246/22 - s. 12 (2) related to doors in the home.

Previously Issued Compliance Order(s)

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

Order #004 from Inspection #2024-1065-0002 related to O. Reg. 246/22, s. 19

Order #001 from Inspection #2024-1065-0002 related to O. Reg. 246/22, s. 55 (2) (b) (i)

Order #005 from Inspection #2024-1065-0002 related to O. Reg. 246/22, s. 138 (1) (b)

Order #002 from Inspection #2024-1065-0002 related to FLTCA, 2021, s. 6 (1)

The following previously issued Compliance Order(s) were found NOT to be in compliance:

Order #006 from Inspection #2024-1065-0002 related to O. Reg. 246/22, s. 261 (2) 1.

Order #003 from Inspection #2024-1065-0002 related to O. Reg. 246/22, s. 12 (2)

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The following Inspection Protocols were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Staffing, Training and Care Standards
- Reporting and Complaints
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 17.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

17. Every resident has the right to be told both who is responsible for and who is providing the resident's direct care.

The licensee has failed to comply with their written policy related to staff wearing name tags, specifically, staff did not comply with the licensee's policy #B-4: Dress Code, last reviewed January 2024, which indicates a name tag must be worn and visible at all times. On two days in August 2024, observations were made of staff not

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wearing name tags.

Sources:

Inspector's observations, and a review of the licensee's policy #B-4: Dress Code.

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) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's responsive behaviour plan of care provided clear direction to staff in relation to use of a door alarm as a responsive behaviour intervention.

Sources:

A resident's care plan and progress notes, the unit's Kardex binder, interviews with PSW's, RPN's and management.

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

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1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that thirty minute safety checks were documented for six different residents on several dates and times in June, July and August 2024.

Sources:

A review of the residents' timesheet documentation, and interviews with PSW's and management.

The licensee has failed to ensure that Dementia Observational System (DOS) documentation was completed for a resident on multiple dates and times in July 2024.

Sources:

A review of a resident's DOS documentation, and interviews with a PSW and management.

WRITTEN NOTIFICATION: Nursing and Personal Support Services

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

Non-compliance with: FLTCA, 2021, s. 11 (3)

Nursing and personal support services

s. 11 (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

The licensee has failed to ensure that at least one registered nurse is on on duty and present in the home at all times.

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Sources:

Registered staff record review and interview with management.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

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

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the licensee's abuse and neglect of a resident policy was complied with after a resident to resident physical altercation between two residents.

Specifically, staff did not comply with the licensee's "Abuse and Neglect of a Resident-Actual or Suspected" policy when they failed to document post abuse monitoring for a resident on multiple shifts for 72 hours after an altercation.

Sources:

A resident's progress notes, Abuse and Neglect of a Resident-Actual or Suspected policy #G-1, interviews with an RPN and management.

WRITTEN NOTIFICATION: Conditions of License

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

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Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

CO #006 from inspection #2024-1065-0002 served on June 20, 2024, with a compliance due date of July 17, 2024, to O. Reg. 246/22 s.261 (2) (1)

In accordance with FLCTA, 2021, s. 82 (7), the licensee shall ensure that all staff who provide direct care to residents receive additional training in the areas set out in the following paragraphs, and specifically, as per O. Reg. 246/22, s. 261 (1), this training includes falls prevention and management, skin and wound care, and pain management.

This was found to be in non-compliance at the time of this inspection, as outlined below. The licensee has failed to ensure that all agency staff who provide direct care to residents receive annual training in all the areas required under subsection 82 (7) of the Act. The licensee failed to ensure that all agency staff providing direct care to residents are provided training on the requirements as outlined required under FLTCA, 2021, s. 82 (2) and FLTCA, 2021, s. 82 (7).

The licensee has failed to maintain documentation of the type of education, including the names of the staff, their designation, and the date the training was provided.

Sources:

Education record review of agency staff members, and an interview with management.

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An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #006

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Conditions of license

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

CO #003 from inspection #2024-1065-0002 served on June 20, 2024, with a compliance due date of July 17, 2024, to O. Reg. 246/22 s.12 (2).

This is related to the LTCH ensuring that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents, this was found to be in non-compliance at the time of this inspection, as outlined below.

The licensee has failed to assess the handrails that are located mid-way on the balcony fences, to ensure resident safety or risk to residents. The documentation of this assessment was not complete.

The licensee has failed to educate staff regarding the new policy and ensure a record is kept of the education provided including dates and who attended.

The licensee has failed to complete an audit that determines compliance with the policy developed on each shift. This audit shall be completed for a period of four weeks. Maintain documentation of the audits and assessments, including when the audit and assessment was completed, who completed the audit or assessment the findings, and any corrective actions taken if deviations from policy occur.

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Interview with management and review of the "Outdoor area policy", audits and education documentation.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #002
Related to Written Notification NC #007

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay

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the AMP.

WRITTEN NOTIFICATION: General requirements

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The licensee has failed to ensure that the Falls Prevention and Management Policy #G-26 was relevant to the Long Term Care Home's (LTCH) Falls Program.

Specifically, the Long-Term Care Home's (LTCH) clinically appropriate assessment tool, Post Fall Investigation Note, is not referenced within the policy. The Falls Prevention and Management Policy references use of the Post Fall Assessment and Risk Management Portal, which is not in use by the LTCH.

Sources: Falls Prevention and Management Policy #G-26, Post Fall Investigation Note Form, and an interview with management.

WRITTEN NOTIFICATION: Falls prevention and management

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NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when a resident fell on a day in June 2024, a post-fall assessment using a clinically appropriate assessment instrument that was specifically designed for falls, was conducted.

Sources: Absence of the Post Falls Investigation Note, a resident's incident note, and interviews with an RPN and management.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with additional requirement 9.1 (b) under the Infection Prevention and

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Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that Routine Practices were followed in the IPAC program, specifically related to the completion of hand hygiene by staff.

Sources: Observations of hand hygiene opportunities on August 12, 14, and 15, 2024.

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with additional requirement 10.2 (c) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that Hand Hygiene Program practices were followed, specifically related to residents performing hand hygiene before meals.

Sources: Observations of hand hygiene opportunities on August 14 and 19, 2024.

WRITTEN NOTIFICATION: Dealing with complaints

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

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The licensee has failed to ensure that when a written complaint was received on a day in July 2024, that the complaint response provided included the Ministry's toll-free telephone number, its hours of service, and contact information for the patient ombudsman.

Sources: Complaints Log, Complaint and responses, Critical incident (CI) report, and interview with management.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.

Reports re critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The licensee has failed to ensure the Director was immediately informed of a respiratory outbreak that was declared by public health on a day in June 2024, but was not reported to the Director until one day later.

Sources: Review of a CI report.