

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: December 13, 2023	
Inspection Number: 2023-1180-0003	
Inspection Type: Critical Incident	
Licensee: Valley Manor Inc.	
Long Term Care Home and City: Valley Manor Nursing Home, Barrys Bay	
Lead Inspector Dee Colborne (000721)	Inspector Digital Signature
Additional Inspector(s) Ashley Martin (000728)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 27, 28, 29, 30, 2023 and December 1, 2023

The following intake(s) were inspected:

- Intake: #00094500 -Resident to resident physical abuse resulting in injury.
- Intake: #00100565 -An unwitnessed fall of a resident resulting in injury.
- Intake: #00101122 -An injury of a resident of unknown origin resulting in significant change of condition.

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

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Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Dietary Services and Hydration

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

Non-compliance with: FLTCA, 2021, s. 15 (1) (b)

Dietary services and hydration

s. 15 (1) Every licensee of a long-term care home shall ensure that there is,
(b) an organized program of hydration for the home to meet the hydration needs of residents.

The Licensee has failed to ensure that an organized program for hydration is in place to meet the hydration needs of the residents.

Rationale and Summary:

Review of the homes hydration program policy has an update date of November 2023. Under the distribution date, there is no noted date for distribution to staff as other policies have.

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Review of a residents fluid intake during a specified period of time in 2023, identifies that for 30 out of 36 days, a resident's fluid intake was below 1500mls per day.

Review of homes' MDS minutes, where they discuss residents who are not well, has one notation in regards to the residents nutritional status, stating their level of consciousness has decreased and will trial a minced diet. There was no mention of this resident's fluid intake.

Interviews with an RPN and an RN confirmed the home does not have a hydration program.

Interview with the Director of Care (DOC), confirmed that the previous nutrition manager was responsible for the Hydration program, and it has not been distributed out to staff and the policy is still in draft.

Failure to have a hydration program in place, places great risk to impacting residents overall health by not ensuring residents hydration needs are met.

Sources: Homes draft Hydration policy, Resident's fluid intake records, Interviews with DOC and other staff.

[000721]

WRITTEN NOTIFICATION: Nutrition Manager

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

Non-compliance with: O. Reg. 246/22, s. 81 (2)

Nutrition manager

s. 81 (2) The licensee shall ensure that every nutrition manager is an active member of the Canadian Society of Nutrition Management or a registered dietitian. O. Reg. 66/23, s. 17 (1).

The Licensee has failed to ensure that every nutrition manager is an active member

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of the Canadian Society of Nutrition Management.

Rationale and Summary:

Review of the Nutrition Managers offer letter states that they will agree to register for membership in the Canadian Society of Nutrition Management (CSNM) within 3 months of hire date, attend education and obtain CSNM membership certification within two years of the date of hire.

Interview with the Registered Dietitian (RD) confirmed that they were hired to help out the home, as there was no nutrition manager or dietitian on staff.

Interview with the Chief Executive Officer (CEO) confirmed the former dietitian managers last day was Friday November 24, 2023 and the new manager started on Wednesday November 29, 2023. They confirmed they do not have the qualifications yet, but their employment is contingent on obtaining CSNM certification.

Failure to have a qualified Nutrition Manager on site, impacts the quality of nutrition services to the residents.

Sources: Nutrition Mangers offer letter, Interviews with RD , CEO and other staff.
[000721]

WRITTEN NOTIFICATION: Security of Drug Supply

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

Non-compliance with: O. Reg. 246/22, s. 139 1.

Security of drug supply

s. 139 1. All areas where drugs are stored shall be kept locked at all times, when not in use.

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The Licensee has failed to ensure that all steps are taken to ensure that medications are secured and locked away when not in use. Specifically, medications and treatment creams are not to be left sitting on top of a medication cart unattended.

Rationale and Summary:

On a specified date in November 2023, a medication cart was noted in an area of the home unattended and locked. On top of the medication cart, inspectors noted a tube of Voltaran cream, along with a tube of A535, another medicated prescription cream; a bottle of prescription eye drops and a removed medicated patch that had initials on it.

Interview with an RPN confirmed that these items were on top of the cart. They stated that the PSW's place the treatment creams on top of the cart when they are done with them when registered staff are not around. They also confirmed that PSW's do not administer eye drops and the eye drops along with the used patch, which had to be thrown out, was left on top of the medication cart as the RPN got called away to help a resident. They confirmed when things get busy or they are short staffed, things are rushed so you don't have time to always lock things away.

Failure to securely store drugs, places great risk to residents, potentially taking the drugs and causing harm.

Sources: Inspector observations, interview with RPN.
[000721]

WRITTEN NOTIFICATION: Training

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

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Non-compliance with: O. Reg. 246/22, s. 261 (2) 1.

Additional training — direct care staff

s. 261 (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 82 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 82 (7) of the Act.

The licensee failed to ensure training was provided to all staff who provide direct care to residents, specifically Falls Prevention and Management.

Rationale and Summary:

During an interview with Personal Support Worker (PSW), they stated that they did not receive training on Falls Prevention and Management in over a year.

Director of Care (DOC) reported during an interview the inability to locate Falls Prevention and Management training files 2022 for a staff member. A review of the licensee's Falls Prevention and Management training records revealed that a staff employed by the licensee who is providing direct care to the residents did not receive annual training in 2022.

Failure to provide annual training for all staff that are providing direct care to the residents means that staff are not up to date with their training as required by the legislation, increasing the risk of resident safety.

Sources: Interviews with PSW and DOC. Falls Prevention and Management training records 2022-2023 for a PSW.

[000728]

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COMPLIANCE ORDER CO #001 Registered dietitian

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 80 (2)

Registered dietitian

s. 80 (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

A) Hire a registered dietitian who is onsite at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

B) Written records related to complying with A shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

The licensee has failed to ensure that a registered dietitian who is a member of the staff of the home is onsite at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

Rationale and Summary:

Review of a resident meal and fluid intake showed a significant change during a specified date range in 2023 . Thirty of out of thirty-six days, a resident's fluid intake was below 1500mls per day. A resident 's meal intake was 0-25 % of meal taken on 34 occasions, with 20 of those occasions occurring during a specified date range.

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Review of a resident's plan of care identified that they were at risk for dehydration and to push fluids if below 1500mls per day.

Review of a resident's progress notes identify that the registered dietitian (RD), last made a note on a specified date in 2023 in regard to the residents nutrition.

Review of RD's email resignation, identifies that they are giving their 60 days notice if required and as of a specified date in September 2023, they will need to work on weekends and remotely.

Offer letter for a new RD identified that they were starting on a specified date in November 2023, which identified a 20 day period of having no RD on staff.

Interview with the CEO confirmed that the RD's last day of work was a specified date in October 2023.

Interview with an RD confirmed they started on a specified date in November 2023 and that they were onsite in the home one day a month for approximately 10 hours per day and the rest of the work was conducted remotely on weekends and the occasional weeknight as they worked full time elsewhere and was just helping the home out until they could find someone permanent. They confirmed they were allotted 45 hours per month.

Failure to have a registered dietitian on site to conduct clinical assessments and observations of residents nutritional status places residents at increased risk for nutritional and other health complications.

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Sources: Resignation email of RD, offer letter of RD , Progress notes, plan of care, meal and fluid intake of a resident; Interviews with RD, CEO and other staff.

[000721]

This order must be complied with by January 30, 2024

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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;
- (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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) 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:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) 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:

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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
e-mail: 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.