

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: September 24, 2024
Inspection Number: 2024-1180-0003
Inspection Type: Proactive Compliance Inspection
Licensee: Valley Manor Inc.
Long Term Care Home and City: Valley Manor Nursing Home, Barrys Bay

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 12, 13, 16, 17, 18, 19, 20, 23, 2024

The following intake(s) were inspected:

- Intake: #00126381 - PCI

The following Inspection Protocols were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement
- Residents' Rights and Choices

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Pain Management

## INSPECTION RESULTS

### Non-Compliance Remedied

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

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the visitor policy was posted in the home but posted it in the home prior to the inspectors leaving the home.

Date Remedy Implemented: September 12, 2024

### WRITTEN NOTIFICATION: Resident/Family experience survey

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

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s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to seek advice of the family council in acting on the results of the resident/family survey.

Sources: Interview with staff member, acting family council chair and record review

## WRITTEN NOTIFICATION: Policies-Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 11 (1) (b)

Policies, etc., to be followed, and records

s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,  
(b) is complied with.

The licensee has failed to ensure that their menu planning policy is complied with. Specifically that the menu cycle be reviewed and approved in writing by the Registered Dietitian (RD) annually.

Sources: Homes policy on Menu planning Policy# DIET\_MEA\_008, Homes most recent menu cycle evaluation-August 24, 2023, interview with the RD and Support Services Manager.

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## WRITTEN NOTIFICATION: Policies, etc., to be followed, and records

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

Non-compliance with: O. Reg. 246/22, s. 11 (1) (b)

Policies, etc., to be followed, and records

s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, (b) is complied with.

The licensee has failed to ensure that their heat related illness policy is complied with. Specifically, the licensee did not ensure that the policy was follow when the humidity went above 50% indoors.

Sources: Interview with Administrator and record review.

## WRITTEN NOTIFICATION: Windows

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

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres

The licensee has failed to ensure that every window in the home that opens to the

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outdoors and is accessible by residents cannot be opened more than 15 cm.  
Inspector observed that windows in the home were at 16 cm.

Sources: Inspector observations, and interview with the Building Manager.

### WRITTEN NOTIFICATION: Communication and response system

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

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee has failed to ensure that the call bells in resident bathrooms can be easily accessed by residents, staff and visitors at all times.

Sources: Inspector observations, interview with housekeeper and building manager.

### WRITTEN NOTIFICATION: General Requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

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#### 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:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that their menu planning policy is reviewed and updated on an annual basis.

Sources: Homes menu planning policy, interview with the Support Services Manager.

### WRITTEN NOTIFICATION: IPAC Education-orientation

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

Non-compliance with: O. Reg. 246/22, s. 259 (2) (c)

#### Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(c) signs and symptoms of infectious diseases;

The licensee has failed to ensure that new hires are orientated on the signs and symptoms of infections diseases.

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Sources: Homes IPAC education package for new hires and interview with the IPAC lead.

## WRITTEN NOTIFICATION: IPAC Education-Orientation

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

Non-compliance with: O. Reg. 246/22, s. 259 (2) (f)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(f) cleaning and disinfection practices;

The licensee has failed to ensure that new hires are orientated on the cleaning and disinfection practices of the home.

Sources: Homes IPAC education package for new hires and interview with a PSW, an RPN and the IPAC lead.

## WRITTEN NOTIFICATION: IPAC Education-Orientation

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

Non-compliance with: O. Reg. 246/22, s. 259 (2) (h)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,

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(h) handling and disposing of biological and clinical waste including used personal protective equipment.

The licensee has failed to ensure that new hires are orientated on the handling and disposing of biological and clinical waste including used personal protective equipment.

Sources: Homes IPAC education package for new hires and interview with the IPAC lead.