



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

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Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> March 16, 2011	<b>Inspection No/ d'inspection</b> 2011_146_2737_16Mar071920	<b>Type of Inspection/Genre d'inspection</b> Complaint H-00446
<b>Licensee/Titulaire</b> 955464 Ontario Limited, 3700 Billings Court, Burlington, ON., L7N 3N6		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Valley Park Lodge, 6400 Valley Way, Niagara Falls, ON., L2E 7E3		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Barbara Naykalyk-Hunt, #146		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care and 2 registered staff</p> <p>During the course of the inspection, the inspector: observed an identified resident and conducted a health file review of an identified resident and reviewed staff schedules.</p> <p>The following Inspection Protocol was used during this inspection: Dignity, Choice and Privacy</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN 1 VPC</p>		

**NON- COMPLIANCE / (Non-respectés)**

<b>Definitions/Définitions</b> WN – Written Notifications/Avis écrit VPC – Voluntary Plan of Correction/Plan de redressement volontaire DR – Director Referral/Régisseur envoyé CO – Compliance Order/Ordres de conformité WAO – Work and Activity Order/Ordres: travaux et activités	
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.  Non-compliance with requirements under the <i>Long-Term Care Homes Act, 2007</i> (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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.  Non-respect avec les exigences sur le <i>Loi de 2007 les foyers de soins de longue durée</i> à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

<b>WN #1: The Licensee has failed to comply with O. Reg. 79/10, s.8(1)</b>  <b>8(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, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, (b) is complied with.</b>
<b>Findings:</b>  1. The home has a directive in place that states the physician is to be called immediately if a resident's blood sugar is over 20mmol unless a sliding scale order is in place. 2. On 3 occasions in the past 3 months, an identified resident's blood sugar was over 20. The resident has no sliding scale order in place. On 2 of those occasions, there is no documentation to support that the physician was called. 3. When asked about the directive for hyperglycemia, a registered staff administering medications the day of the inspection stated that she always called the physician if the blood sugar was over 25.
<b>Additional Required Actions:</b> <b>VPC</b> - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance in ensuring that any plan, policy, protocol, procedure, strategy or system is complied with , to be implemented voluntarily.

<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>	<b>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</b>  
<b>Title:</b> _____ <b>Date:</b> _____	<b>Date of Report: (if different from date(s) of inspection).</b>  