Ontario

**Ministry of Health and Long-Term Care**

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

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

**Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée**


**Long-Term Care Homes Division**
**Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée**
**Inspection de sions de longue durée**

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| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Apr 15, 2016 | 2016_263524_0013 | 000763-16 | Complaint |

## Licensee/Titulaire de permis

ADVENT HEALTH CARE CORPORATION
541 Finch Avenue West NORTH YORK ON M2R 3Y3

## Long-Term Care Home/Foyer de soins de longue durée

VALLEYVIEW RESIDENCE
541 Finch Avenue West NORTH YORK ON M2R 3Y3

## Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

INA REYNOLDS (524), CHRISTINE MCCARTHY (588), TERRI DALY (115)

## Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): April 4, 5, 6, 7, 8, 11, 12, 13, 2016.**

**The following Complaint inspections were completed concurrently during this inspection:**
**Log #030973-15 related to care given without consent**
**Log #000745-15 related to missing resident**
**Log #000880-15 related to insufficient staffing**
**Log #022427-15 related to housekeeping**
**Log #026837-15 related to insufficient staffing, dining service and care issues**
**Log #032442-15 related to personal property**
**Log #035884-15 related to dignity & choice and reporting & complaints**
**Log #000763-16 related to falls and pain management and responsive behaviours.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Clinical Nurse Manager, two Nurse Managers, the Food Service Manager, the Quality Improvement Coordinator, the Environmental Service Manager, the Office Manager, the Dietitian, the Resident and Family Relation Coordinator, one Registered Nurse, three Registered Practical Nurses, three Personal Support Workers, two Housekeeping Aides, one Receptionist, nine residents and three family members.**

**The inspector(s) also observed resident and staff interactions, care and activities provided to residents, meal and snack service, infection prevention and control practices, reviewed residents' clinical records, internal investigation notes and complaint records, staffing schedules, staff education records and reviewed relevant policies and procedures related to this inspection.**

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

**Accommodation Services - Housekeeping**
**Continence Care and Bowel Management**
**Dignity, Choice and Privacy**
**Dining Observation**
**Falls Prevention**
**Nutrition and Hydration**
**Pain**
**Personal Support Services**
**Responsive Behaviours**
**Safe and Secure Home**
**Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

- **6 WN(s)**
- **5 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>WAO – Ordres : travaux et activités |
| Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (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).<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.<br><br>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD. |

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed.

Record review of the Minimum Data Set (MDS) Assessment and Resident Assessment Protocol (RAP) notes, revealed an identified resident experienced a significant decline in eating performance and was totally dependent with one staff to assist with eating.

Record review of the current plan of care under the eating problem identified that the resident had an inability to cut food into small pieces with an expected outcome that the resident would demonstrate the ability to eat one entire meal unaided. The plan of care further directed staff to provide supervision for all meals and to cut up food and open containers as required.

The Clinical Nurse Manager confirmed that the plan of care related to eating had not been reviewed and revised to reflect these changes. The Clinical Nurse Manager further confirmed that it was the home's expectation that the plan of care would be reviewed and revised when the resident's care needs changed. [s. 6. (10) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the plan of care is reviewed and revised at least every six months and at any other time when the resident's care needs change, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**

**Specifically failed to comply with the following:**

**s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a written record was kept of the annual evaluation of the staffing plan, including the date of the evaluation and the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Interview with a family member revealed that they had concerns with residents not receiving care as scheduled or waiting a long period of time for care. The family member stated that the men were not always being shaved, and residents were being left for a long period of time before they were toileted related to insufficient staffing. The family member further stated that the home utilized agency staff for personal support workers which did not always promote continuity of care for the residents.

Record review of the Staffing Pattern for an identified home during a certain period, revealed that the home utilized agency personal support workers for coverage as follows:
- 45 of 63 evening short shifts (71% of the time) and no staff available on 4 occasions for the short shift
- 16 of 63 evening shifts (25% of the time)
- 9 of 63 day shifts (14% of the time).

Staff interview with the Administrator and Director of Care revealed the staffing plan was reviewed on an ad hoc basis; however, there was no documented evidence that the staffing plan was updated annually with a written evaluation. [s. 31. (4)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that a written record is kept of the annual evaluation of the staffing plan, including the date of the evaluation and the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

**Specifically failed to comply with the following:**

**s. 73. (2) The licensee shall ensure that,**
**(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that no resident who required assistance with eating or drinking was served a meal until someone was available to provide the assistance required by the resident.

Observation of a meal service on an identified date revealed the soup for two residents were set on their tables uncovered at approximately 1205 hours by a personal support worker; however, no one was available to assist these residents until 1218 hours and 1230 hours respectively. At 1235 hours, the main entree for three residents were set on their tables, however no one was available to assist these residents until 1238 hours, 1245 hours and 1308 hours respectively.

Record review of the Minimum Data Set (MDS) assessment and current plan of care for the identified residents indicated that the residents required total and/or extensive eating assistance with one person to physically assist the residents.

Interview with the Director of Care and the Food Service Manager confirmed the home's expectation was that meals would only be served when someone was available to provide the assistance required by the residents. [s. 73. (2) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that no resident who requires assistance with eating or drinking***
***is served a meal until someone is available to provide the assistance required by the resident, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

**Specifically failed to comply with the following:**

**s. 101. (3) The licensee shall ensure that,**
**(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the documented record of complaints kept in the home was reviewed and analyzed for trends at least quarterly.

Review of the home's "Concerns and Complaints" policy #ADMVI035vv dated January 2016, directed the following: "The documented record is reviewed and analyzed for trends at least quarterly. The results of the review and analysis are taken into account in determining what improvements are required in the home. A written record is kept of each review and of the improvements made in response."

Documentation review and interview with the Administrator and Director of Care confirmed that the documented complaint records kept in the home were not reviewed and analyzed for trends at least quarterly by the home and the home's expectation was that it should be. [s. 101. (3) (a)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the documented record of complaints kept in the home is reviewed and analyzed for trends at least quarterly, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**

**Specifically failed to comply with the following:**

**s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that no drug was used by or administered to a resident in the home unless the drug had been prescribed for the resident.

A complaint was expressed by a family member regarding a drug that was administered to an identified resident without consent.

Record review of the progress notes revealed the drug was given to the resident on an identified date. Record review of the plan of care for the resident revealed that staff were not to administer the drug without the consent of the resident's family. Record review of the "Medication/Treatment Administration Record" revealed the absence of a physician order or standing order.

Interview with the Director of Care revealed a registered practical nurse had acknowledged the administration of the drug and confirmed that the staff member had administered a drug that was not prescribed for the resident. [s. 131. (1)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 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,**
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that any policy or procedure instituted or otherwise put in place was in compliance with and was implemented in accordance with all applicable requirements under the Act.

Record review of the Valleyview Residence Dietary "Audit – Quality Dining Service LTC" policy # DTY-V-35 dated January 2016, directed the Food Service Manager or delegate to complete the "Quality Dining/Meal Service Survey (audit 4-5-6 from CQI Resource Manual)" as part of the schedule of audits for the dietary Continuous Quality Improvement (CQI) program. The policy further directed staff to randomly select residents from each dining area and to record as to whether or not the standard was met.

Record review of Quality Dining/Meal Service Audit tool completed July 6, 2015, revealed the following under the standard focus: "If resident requires feeding, it is done so within 5 minutes of food being placed in front of them". This policy did not reflect current legislation that no resident who required assistance with eating or drinking was served a meal until someone was available to provide the assistance required by the resident.

Staff interview with the Food Service Manager confirmed the Quality Dining/Meal Service audit tool was not reflective of current legislation and the expectation that it should be. [s. 8. (1) (a)]

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**Issued on this 15th day of April, 2016**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**