



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

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

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

**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 soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 16, 2018	2017_631210_0020	026926-17	Resident Quality Inspection

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

SLAVICA VUCKO (210), NITAL SHETH (500)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

**This inspection was conducted on the following date(s): November 28, 29, 30,
December 1, 4, 5, 6, 7, 8, 11, 12, 13, 14, 19, 2017**

**During the course of the inspection, the inspector(s) spoke with Administrator,
(ED), Director of Care (DOC), Resident Care Manager (RCM), Registered staff,
Personal Support Workers (PSWs), Food Service Manager (FSM), Physiotherapist
(PT), Family Council President, Residents' Council President, Resident(s) and
Substitute Decision Maker(s) (SDM).**

**The following follow up inspections on Orders were performed CO#01
#2016_378116_0012 and CO#02 #002 2016_378116_0012 by inspector #500 and
were complied.**

**During the course of the inspection, the inspectors conducted observations of
residents and home areas, staff and resident interactions, provision of care,
medication administration, infection prevention and control practices, reviewed
clinical health records, minutes of Residents' Council and Family Council
meetings, minutes of relevant committee meetings, and relevant policy and
procedures.**

The following Inspection Protocols were used during this inspection:

Continance Care and Bowel Management

Falls Prevention

Family Council

Medication

Nutrition and Hydration

Personal Support Services

Residents' Council

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2016_378116_0012		500
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #002	2016_378116_0012		500



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart, that complies with manufacturer's instructions for the storage of the drugs.

Observation on December 6, 2017, at 1000 hours (hrs) on a specified unit revealed a specified medication for resident #008 was not labeled. Interview with registered nurse staff # 100 revealed the expectation was the specified medication to be labeled when opened because they are good for one month after opening.

A review of the Policy # 3.10 from September 1, 2015, revealed identified medications must be disposed of after one month's use. The pharmacy will provide a label on each identified medication to indicate the date removed from the fridge and the expire date 30 days from then.

An interview with Resident care Manager staff #101 indicated that all indicated medications are good for 28 days after opening and confirmed that this was expectation according to the medication manufacturing instructions and the policy to label the identified medications when they are opened. [s. 129. (1) (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 drugs are stored in an area or a medication cart, that complies with manufacturer's instructions for the storage of the drugs, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs. O. Reg. 79/10, s. 136 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that the home's drug destruction and disposal policy must provide for the following that any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

Observation on December 7, 2017, at 1100 hours revealed a specified controlled medication for resident #007 that was discontinued on a specified date, and another specified controlled medication for resident #007 that was discontinued on a specified date, was found in the narcotic box in the medication cart together with the other narcotics that were available for administration to the resident.

A review of the Policy #3.14, medications for Destruction or Discharged Residents, from October 18, 2015, revealed that narcotics and controlled drugs must be disposed of by a registered staff member designate of the Director of Nursing and either a pharmacist or physician. Whenever a medication expires or is discontinued it must be removed from the active supply and placed in the discard bin.

Interview with registered staff #100 revealed the expectation is management to pick up the discontinued narcotics from the unit and until such a time the registered staff is to count the narcotics together with the regular narcotics. Interview with DOC revealed the registered staff should bring the discontinued narcotics from units to their office narcotic's box for further destruction. DOC confirmed that the process of sending the discontinued narcotics into their office narcotic's box for further destruction was not specifically described in the home's policy for Medication Destruction. [s. 136. (2) 2.]

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 home's drug destruction and disposal policy includes that any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs, to be implemented voluntarily.



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Issued on this 13th day of February, 2018

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

Original report signed by the inspector.