



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 prévue
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
Jun 6, 2019	2019_641665_0010	001147-19, 002541-19, 002542-19, 002543-19, 002544-19, 002545-19, 002547-19, 002548-19, 002549-19, 002550-19, 002551-19	Follow up

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

JOY IERACI (665), GORDANA KRSTEVSKA (600), NATALIE MOLIN (652)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): May 10, 13, 14, 15, 16, 17, 21, 22, 23 and 24, 2019. Off site June 3, 2019.

The following follow up (FU) intake logs were inspected:

- Log #001147-19 related to the home's policy on pain management
- Logs #002541-19 and #002542-19 related to infection prevention and control
- Logs #002543-19, #002544-19 and #002545-19 related to medication management
- Log #002548-19 related to bathing
- Log #002549-19 related to sufficient staffing
- Log #002550-19 related to the home's policy on complaints and medication management
- Logs #002547-19 and #002551-19 related to minimizing restraints

The following critical incident system (CIS) intake logs were inspected in a concurrent CIS inspection #2019_641665_0011 were documented in this inspection:

- Log #008015-18/CIS #2954-000005-18 related to staff to resident neglect
- Log #018391-18/CIS #2954-000013-18 related to staff to resident abuse

PLEASE NOTE: A non compliance related to LTCHA, 2007, c.8, s. 19 (1), was identified in this inspection for intake Log #018391-18 has been issued in a concurrent Complaints Inspection #2019_766500_0014.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DRC), Quality Improvement Coordinator (QIC), Resident Care Manager (RCM), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSW) and residents.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Maintenance
Dignity, Choice and Privacy
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Sufficient Staffing

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

1 WN(s)
1 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
O.Reg 79/10 s. 109.	CO #006	2018_493652_0015		652
O.Reg 79/10 s. 131. (2)	CO #007	2018_493652_0015		665

O.Reg 79/10 s. 135. (1)	CO #008	2018_493652_0015	665
O.Reg 79/10 s. 135. (3)	CO #009	2018_493652_0015	665
O.Reg 79/10 s. 229. (4)	CO #011	2018_493652_0015	652
O.Reg 79/10 s. 229. (6)	CO #010	2018_493652_0015	652
LTCHA, 2007 S.O. 2007, c.8 s. 29. (1)	CO #001	2018_493652_0015	652
O.Reg 79/10 s. 31. (3)	CO #003	2018_493652_0015	600
O.Reg 79/10 s. 33. (1)	CO #004	2018_493652_0015	600
O.Reg 79/10 s. 8. (1)	CO #001	2018_641665_0011	665
O.Reg 79/10 s. 8. (1)	CO #002	2018_493652_0015	665

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every licence that the licensee shall comply with every order made under this Act.

On January 14, 2019, compliance order (CO #007) from inspection #2018_493652_0015 was made under O.Reg 79/10, s. 131. (2) was issued:

The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

The licensee was ordered to:

- 1) Ensure that drugs are administered to residents #041, #045, #046, #047, #048, #049, #050, #051, #052, #053 and #054 and all other residents in accordance with the directions for use specified by the prescriber.
- 2) Ensure that resident #041's prescribed drugs are reviewed with all registered staff including agency staff who provides direct care to the resident.
- 3) Develop an on-going auditing process to ensure that resident #041 receives their drugs in accordance with the directions for use specified by the prescriber. The home is required to maintain a documentation record of the audits. The audit should include the dates the audits were conducted, who performed the audits and an evaluation of the results along with action(s) taken.
- 4) Ensure that all registered staff including agency staff are educated on the home's process of medication administration in the electronic medication and treatment records. The home is required to maintain a record of the education, including the dates education was provided, who provided the education and the content of the education session(s) and who attended.

The compliance due date (CDD) was April 30, 2019.

The licensee completed steps one and three in CO #007.

The licensee failed to complete steps two and four in CO #007.



A record review of the home's education records did not locate documentation on the following:

- 1) The agency staff that received a review of resident #041's prescribed drugs.
- 2) That agency staff received education on the home's process of medication administration in the electronic medication and treatment records.

In an interview, KCM #110 indicated that agency RPN #130 and RN #131 did not receive a review of resident #041's prescribed drugs until two identified dates in May 2019.

In interviews, the ED and the DRC indicated that all agency staff did not receive a review of resident #041's prescribed drugs and did not receive education on the home's process of medication administration by the CDD of April 30, 2019. The DRC indicated that they have notified the agency to ensure that the registered staff who worked in the home complete the education by May 31, 2019.

A further review of the home's education records indicated that four agency staff worked in the home. The education records indicated that agency RNs #131, #132 and #133 and RPN #130 received their education on the home's process of medication administration past the CDD on an identified date in June 2019. Furthermore, the education records did not have documentation that RNs #132 and #133 received a review of resident #041's prescribed drugs. The ED and DRC acknowledged that the home was not in compliance with steps two and four of CO #007 by the CDD of April 30, 2019.

A further review of the home's education records indicated RN #105 had not received a review of resident #041's prescribed drugs.

In an interview, RN #105 indicated that they worked on a specified resident home area (RHA) for an identified period of time and provided direct care to resident #041. The RN indicated that they did not receive a review of resident #041's prescribed drugs.

In an interview, the ED indicated that RN #105 was a RN on the specified RHA and provided direct care to resident #041. At the time of the inspection, RN #105 received a review of the resident #041's prescribed drugs on an identified date. The ED acknowledged that RN #105 was missed when education was provided to review resident #041's prescribed drugs and did not comply with step two of CO #007 by the CDD of April 30, 2019.



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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 licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23, to be implemented voluntarily.

Issued on this 7th day of June, 2019

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

Original report signed by the inspector.