

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: September 29, 2023	
Inspection Number: 2023-1437-0005	
Inspection Type: Complaint Critical Incident	
Licensee: Advent Health Care Corporation	
Long Term Care Home and City: Valleyview Residence, North York	
Lead Inspector Nital Sheth (500)	Inspector Digital Signature
Additional Inspector(s) Patricia McFadgen (000756)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 15, 18-20, 28 (off-site), 2023.

The following intake(s) were inspected:

- Intake #00087381 related a fall incident resulting in injury
- Intake #00096253 related to COVID-19 outbreak
- A complaint intake #00096677 related to outbreak management concerns
- Intake #00092619 related to improper transferring and positioning resulting in injury

The following intakes related to fall incidents resulting in injury were completed:

- Intake #00091492
- Intake #00093099
- Intake #00093977
- Intake #00094739

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

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Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 SAFE TRANSFERRING AND POSITIONING

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 40

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. Educate all staff working on an identified resident home area on the home's Zero Lift Policy.
2. Educate all nursing staff working on the identified resident home area on resident #002's plan of care related to the resident's transferring and positioning requirements.
3. Maintain a record of the education, including the content, date, signatures of staff who attended and the staff member who provided the education.
4. Conduct three random audits per week of an identified staff member provision of transferring assistance using a specified device to residents for a period of three weeks.
5. Maintain a record of audits completed, including but not limited to, date of audit, person completing the audit, staff and resident audited, outcome and actions taken as a result of any deficiencies identified.

Grounds

The licensee has failed to ensure that staff used safe transferring and positioning techniques when assisting resident #002.

Rationale and Summary

Resident #002 sustained a fall with injury when an unsafe technique was used by a Personal Support Worker (PSW) to transfer the resident. The transfer technique used was not in accordance with the resident's plan of care. The PSW verified the type of assistance required by the resident for transferring and positioning. The PSW confirmed that their transferring and positioning technique was not in accordance with the resident's plan of care. Resident Care

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Manager (RCM) #103 verified that the staff should have used the proper technique for transferring and positioning.

The home's policy, Staff Zero Lift and Transferring Guidelines, indicated the type of assistance required when transferring a resident to ensure their comfort and safety.

Failure to use safe transferring and positioning techniques when assisting resident #002, caused an injury to the resident.

Sources: Critical Incident System (CIS) report; resident #002's clinical records; the home's policy (OHS-18-40, Staff Zero Lift and Transferring Guidelines, effective: September 2022); interviews with the identified PSW, Registered Nurse (RN) #109, RCM #103). [500]

This order must be complied with by November 8, 2023

COMPLIANCE ORDER CO #002 INFECTION PREVENTION AND CONTROL (IPAC)

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (8)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. Educate all staff and private caregivers working on three identified resident home areas on use of Personal Protective Equipment (PPE) including gloves and face shields.
2. Maintain a record of the education, including the content, date, signatures of staff who attended and the staff member who provided the education.
3. Conduct three random audits per week of nursing staff donning and doffing PPE at point of care for residents on droplet/contact precautions for a period of three weeks.
4. Maintain a record of audits completed, including but not limited to, date of audit, person completing the audit, staff and resident audited, outcome and actions taken as a result of any deficiencies identified.

Grounds

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The licensee has failed to ensure that all staff participated in the Implementation of the Infection Prevention and Control (IPAC) program.

Rationale and Summary

The inspectors were informed by the Administrator on the first day of inspection, that N95 masks and face shields were required for staff, and visitors entering home areas declared on COVID-19 outbreak.

The following observations were made by the inspector:

- 1). PSW #115 was observed with inappropriate PPE after providing a personal care to a resident. They verified that their use of PPE was not in accordance with the home's policy on Hand Hygiene.
- 2). PSW #116 was observed in the dining room at mealtime without wearing appropriate PPE.
- 3). PSW #117 was observed going back and forth in the hallway and sitting at the documentation station without wearing appropriate PPE.
- 4). Private Caregiver #118 was observed in the dining room, sitting with their resident without wearing appropriate PPE.
- 5). Private Caregiver #119 was observed pushing their resident's wheelchair in the hallways back and forth without wearing appropriate PPE.

The home's policy on hand hygiene directed the staff to remove the PPE immediately and discard after the activity for which it was used.

The document entitled, "COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings" indicated, when interacting within two meters of residents in an outbreak area, recommended PPE includes appropriate eye protection (goggles, face shield, or safety glasses with side protection).

Interviews with RCM #103 and IPAC Lead verified that staff were expected to wear appropriate PPE on the COVID-19 outbreak units all the time.

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Failing to follow IPAC practices, the staff increased the risk of cross-contamination and spread of COVID-19 infection in the home.

Sources: Observations, Policy (NRS-07-001, Hand Hygiene, effective January 2023), Document (COVID-19: Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings, version 11, dated, June 26, 2023), interviews with RCM #103, IPAC Lead and other staff. [500]

This order must be complied with by November 8, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.