Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Public Report

Report Issue Date: February 7, 2025
Inspection Number: 2025-1437-0001
Inspection Type: Complaint Critical Incident
Licensee: Advent Health Care Corporation
Long Term Care Home and City: Valleyview Residence, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 21–24, 27–31, 2025, and February 3–4, 6-7, 2025.

The following complaint intake(s) were inspected:
-Intake #00135642 – Related to disease outbreak.
-Intake #00137126 – Related to improper care and neglect.

The following Critical Incident (CI) intake(s) were inspected:
-Intake #00130242 / CI #2954-000037-24 – Related to a fall resulting in an injury.
-Intake #00131547 / CI #2954-000038-24, Intake #00132964 / CI #2954-000042-24 – Related to the unexpected death of a resident.
-Intake #00134958 / CI #2954-000046-24, Intake #00137004 / CI #2954-000003-25 – Related to an injury of unknown cause.

The following Critical Incident (CI) intake(s) were completed:
-Intake #00134371 / CI #2954-000044-24, Intake #00134931 / CI #2954-000045-24, and Intake #00135665 / CI #2954-000049-24 – Related to disease outbreak.
-Intake #00135621 / CI #2954-000048-24 – Related to improper care and neglect.

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

Resident Care and Support Services
Food, Nutrition and Hydration
Infection Prevention and Control
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: REQUIRED PROGRAMS

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to comply with the home's pain management program when a resident's pain was not adequately assessed.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the pain management program were complied with.

Specifically, an appropriate pain assessment tool was not completed for a resident as per the home's policy when the resident had a new onset of pain on multiple occasions.

Sources: Clinical record, home's pain management policy, interview with Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: RESPONISVE BEHAVIOUR PROGRAM

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (a)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible;

The licensee failed to ensure that the behavioural triggers for a resident were identified.

A resident exhibited responsive behaviours, including multiple incidents of physical aggression. The Responsive Behaviour Program Lead confirmed that the behavioural triggers had not been identified in the resident's plan of care.

Sources: Clinical records, interview with PSW, and the Responsive Behaviour Program Lead.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg.

246/22, s. 102 (9).

The licensee failed to ensure that symptoms of a respiratory infection were monitored and recorded for a resident on every shift.

A resident exhibited symptoms of respiratory infection on multiple shifts. The Infection Prevention and Control (IPAC) Lead confirmed that their symptoms were not monitored, and recorded during every shift as required.

Sources: Clinical records, and interview with IPAC lead.

WRITTEN NOTIFICATION: DEALING WITH COMPLAINTS

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee has failed to ensure that every written complaint made to the licensee concerning the care of a resident was investigated and resolved, and a response was provided within 10 business days of the receipt of the complaint.

A written complaint was received from a resident's family about their dissatisfaction with the care given to the resident. The home acknowledged the receipt of the

complaint; however, a response was not provided to the family within the required 10 business days. The Director of Care (DOC) acknowledged that the process was not followed.

Sources: Interview with the DOC, review of the CI report.

COMPLIANCE ORDER CO #001 PLAN OF CARE

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (4) (a)
Plan of care
s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee shall:
(1) Provide education to two staff regarding the incident with a resident, the factors that contributed to the resident's deterioration in condition, and what could be done to mitigate future incidents. Include scenario-based examples to reinforce staff learning.

(2) Ensure a documented record is kept pertaining to item #1 of this order, including the contents of the education, dates, names, and signatures of staff educated, the mode of delivery, and who provided the education.

Grounds

The licensee has failed to ensure that the staff and others involved in the different aspects of care collaborated with each other in the assessment of two residents so

that their assessments were integrated and were consistent with and complemented each other.

(i) A resident was placed on a different diet after a procedure. The resident diet was upgraded when they refused the alternative diet, without collaborating with the interdisciplinary team. There was no collaboration between nursing and dietary when the resident's diet was changed post-procedure.

Sources: Clinical records, interviews with RPN, and dietitian.

(ii) A resident experienced a change in health condition during a specific shift. This was immediately reported to an RN, who failed to assess the resident's vitals, resulting in a significant delay. The resident was later transferred to the hospital and diagnosed with a respiratory condition. There was no collaboration with the charge nurse or physician until the resident's condition began to deteriorate.

Sources: Clinical records, interviews with PSW, RN, and other staff.

(iii) A resident exhibited responsive behaviors during care and reported pain. There was a lack of collaboration between staff when the resident reported pain and exhibited responsive behaviors.

Sources: Clinical records, interviews with PSW, RPN, and Resident Care Manager.

This order must be complied with by March 25, 2025

COMPLIANCE ORDER CO #002 PLAN OF CARE

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee shall:
(1) Identify all residents on the specific unit at risk for an identified medical condition.

(2) Re-educate six staff on supervising residents during mealtimes who require supervision as per their plan of care.

(3) Conduct a minimum of two random audits weekly of dinner meals on the specific unit for three weeks following the service of this order.

(4) Maintain a record of the resident names identified in item #1.

(5) Maintain a record of the education provided in item #2, including the dates and times of the education, staff names and designations, signed attendance, training topics, and the name and title of the person(s) who provided the training.

(6) Maintain a record of the audits performed in item #3, including the dates and times of the audits, name and title of the auditor(s), names and designation of the staff audited, names of the residents audited, results of audits, and actions taken.

Grounds

(A) The licensee failed to ensure that a resident was supervised during a meal as specified in their plan of care.

The resident was not supervised by staff during their meal. As a result, the resident

had a medical emergency and passed away.

Sources: Video footage of the incident, clinical records, interviews with RPN, and other relevant staff.

(B) The licensee shall ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

The resident required specific assistance from staff while ambulating. The resident fell and sustained an injury while walking. The resident did not receive the required assistance as specified in the plan of care.

Sources: Clinical records, interviews with RPN, PSW, and Resident Assessment Instrument-Minimum Data Set (RAI-MDS) Coordinator.

This order must be complied with by March 7, 2025

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

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
Toronto, ON, M7A 1N3
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.