

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

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

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du rapport public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 8, 2022	2022_834524_0004	016846-21	Complaint

---

**Licensee/Titulaire de permis**

The Corporation of the City of St. Thomas  
545 Talbot Street St Thomas ON N5P 3V7

---

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

Valleyview Home  
350 Burwell Road St Thomas ON N5P 0A3

---

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

INA REYNOLDS (524)

---

**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): February 1, 2, 3 and 4, 2022.**

**The following Complaint Intake was completed within this inspection:  
Log # 016846-21 related to medication management and personal support services.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, Registered Practical Nurses, Personal Support Workers, a family member and residents.**

**The inspector(s) also observed resident rooms and common areas, medication administration, residents and the care provided to them, reviewed clinical healthcare record and plans of care for an identified resident, and relevant policies and procedures of the home.**

**The following Inspection Protocols were used during this inspection:  
Medication  
Personal Support Services**

**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)**

**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 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 the Medication Administration and Documentation Overview and Medication Administration Record (MAR or eMAR) policies, as part of the medication management system, were complied with for a resident.

Ontario Regulation 79/10 s. 114 (2) states, "The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home." Specifically, staff did not comply with the home's "Medication Administration and Documentation Overview" and "Medication Administration Record (MAR or eMAR)" policies.

A complaint was received by the Ministry of Long-Term Care related to the scheduled medication administration for an identified resident. The complainant explained that the resident occasionally had not received their medication on time.

Record review of the electronic Medication Administration Record (eMAR) showed the resident was to receive a medication scheduled at specific times throughout the day.

Two Registered Practical Nurses (RPN) said that they would try to administer the resident's medication as close to the times as possible. A RPN said medications were expected to be administered within one hour of the designated time and to sign off on the eMAR when the medication was given.

The home's policy stated "the Medication Administration Record (MAR) is used to document the administration of all medications ordered for a resident. Medication

administration must be documented on the MAR immediately after administration by the healthcare staff. The eMAR automatically records the administration time.”

Review of the resident’s “Medication Admin Audit Report” for a specific period of time showed multiple times when the medication administration time was documented over one hour after the scheduled time.

The Director of Care (DOC) said that the resident’s medications would have been given at the scheduled times and staff did not sign for it until later, but this was just poor practice.

Failure to follow the home’s policy placed the resident at risk for not receiving their medications in accordance with their clinical needs.

Sources: Record review of the “Medication Admin Audit Report”; the eMAR for a resident, and other clinical records; the home’s CareRx “Medication Administration and Documentation Overview” policy No. 4.1 revised date August 15, 2018, and “Medication Administration Record (MAR or eMAR)” policy No. 4.3 last revised October 1, 2019; interview with the DOC, RPN’s and other staff. [s. 8. (1) (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 Medication Administration and Documentation Overview and Medication Administration Record (MAR or eMAR) policies, as part of the medication management system, are complied with, to be implemented voluntarily.***

**Issued on this 8th day of February, 2022**

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

**Original report signed by the inspector.**