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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: December 5, 2023
Inspection Number: 2023-1623-0003
Inspection Type: Proactive Compliance Inspection
Licensee: The Corporation of the City of St. Thomas
Long Term Care Home and City: Valleyview Home, St Thomas

Lead Inspector	**Inspector Digital Signature**
Melanie Northey (563)	Melanie Northey Digitally signed by Melanie Northey Date: 2023.12.05 15:35:23 -05'00'

Additional Inspector(s)
Rhonda Kukoly (213)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):
November 23, 24, 27, 28, 29, and 30, 2023

The following intake(s) was inspected:

- Intake: #00101541 - Proactive Compliance Inspection - 2023

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration

Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 11 (1) (a)
Policies, etc., to be followed, and records
s. 11 (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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and

The licensee failed to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was in compliance with all applicable requirements under the Act.

Rationale & Summary

Ontario Regulation (O. Reg) 246/22, s. 34. (1) states, every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation: 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

O. Reg. 246/22, s. 53. (1) 4 states, every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: a pain management program to identify pain in residents and manage pain.

O. Reg. 246/22, s. 57 (2) states, every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The Pain Assessment policy documented a Pain Assessment, utilizing the clinically appropriate tool, would be completed at times to correspond with the Minimum Data System (MDS) Assessment as appropriate. The policy documented a Pain Assessment would be completed within the first 24 hours following admission, readmission from hospital, quarterly as per the MDS schedule, with any Significant Change MDS Assessment, and upon a new diagnosis of a painful condition.

Special Projects Registered Practical Nurse (RPN) and the Director of Care (DOC)

verified the Pain Assessment policy was not in compliance with all applicable requirements under the Act related to the Pain Management program set out in O. Reg. 246/22, s. 57 (2).

The DOC added "When a resident's pain is not relieved by initial interventions, the resident is to be reassessed" to the Pain Assessment policy and sent communication to the registered staff that there was a change to the Pain Assessment policy, and it would be discussed at the next registered staff meeting.

Sources: Pain Assessment Policy, and staff interviews.
[563]

Date Remedy Implemented: November 30, 2023

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
i. the date the survey required under section 43 of the Act was taken during the fiscal year,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families,

Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the continuous quality improvement (CQI) initiative report for the home contained all of the required information.

Rationale & Summary
The Valleyview – Continuous Quality Improvement Report – 2023/24 was published to the home's website in March 2023. The report did not contain a written record of the date the Resident and Family/Caregiver Experience Survey was taken; the results of the survey taken; and how, and the dates when, the results of the survey taken during the fiscal year were communicated to the residents and their families, Residents' Council, Family Council and members of the staff of the home.

The Continuous Assurance and Risk Management Coordinator verified they were the CQI designated lead in the home and verified the required information was absent from the report.

The report published to the home's website did not include specific information related to the Resident and Family/Caregiver Experience Survey and should have informed the public of the date of the survey, the results of the survey, the actions taken, and how and when the results of the survey were communicated to the residents and their families, Residents' Council, Family Council and members of the staff of the home.

Sources: review of the Valleyview – Continuous Quality Improvement Report – 2023/24, Resident and the Family Satisfaction Survey 2022, CQI and other relevant meeting minutes, and relevant policies; and interviews with a member of Residents' Council, a member of Family Council and the designated CQI Lead. [563]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,

iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and

v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the continuous quality improvement (CQI) initiative for the home report contained all of the required information.

Rationale & Summary

The Valleyview – Continuous Quality Improvement Report – 2023/24 was

published to the home's website on March 31, 2023. The report did not contain a written record of the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the Resident and Family/Caregiver Experience Survey with the dates the actions were implemented and the outcomes of the actions; any other actions taken and the dates the actions were implemented and the outcomes of the actions; the role of the Residents' Council and Family Council in actions taken; the role of the continuous quality improvement committee in actions taken; and how, and the dates when, the actions taken were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The Continuous Assurance and Risk Management Coordinator verified they were the CQI designated lead in the home and verified the required information was absent from the report.

The report published to the home's website did not include specific information related to the Resident and Family/Caregiver Experience Survey and should have informed the public of the dates of the actions taken, and a description of the role of the Residents' Council and Family Council and the role of the CQI committee in actions taken, and the dates when the actions taken were communicated to residents and their families, the Residents' Council, Family Council and members of the staff.

Sources: review of the Valleyview – Continuous Quality Improvement Report – 2023/24, Resident and the Family Satisfaction Survey 2022, CQI and other relevant meeting minutes, and relevant policies; and interviews with a member of Residents' Council, a member of Family Council and the designated CQI Lead.
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