



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 10, 2015	2015_303563_0043	028732-15	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF ST. THOMAS
545 TALBOT STREET P. O. BOX 520 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

MELANIE NORTHEY (563), INA REYNOLDS (524), NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 20-23, 26, 28, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, the Resident Assessment Instrument Coordinator, the Environmental Supervisor, two Maintenance staff, two Laundry Aides, the Registered Dietitian, the Dietary Manager, one Dietary Aide, the Activity Director, two Registered Nurse Supervisors, five Registered Practical Nurses, five Personal Support Workers, three Family Members, the Family Council Representative, 40+ Residents and the Resident Council President.

The inspector(s) also conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) observed meal and snack service, medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Admission and Discharge
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Residents' Council
Skin and Wound Care**



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

- 3 WN(s)**
- 3 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>Legendé</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. 3.
Residents' Bill of Rights**

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident's right to be treated with courtesy and respect and in a way that fully recognizes their individuality and respects their dignity was fully respected and promoted.

Family interview with Resident # 051's family member revealed concerns related to improper dressing and continence care.

Observation of Resident # 051 revealed the resident was not dressed appropriately and continence product was not properly applied where by the resident's skin was exposed.

Staff interview with a Personal Support Worker (PSW) confirmed Resident # 051 was exposed when sitting forward in the chair and confirmed the brief was in place however was not applied appropriately and the resident was not fully covered and protected. The PSW confirmed the resident's shirt and pants were not approximated.

Staff interview with the Director of Care (DOC) and the Assistant Director of Care on October 26, 2015 at 1000 hours confirmed the individual needs of Resident # 051 were not met related to dressing and continence care and did not fully respect the resident's dignity. [s. 3. (1) 1.]



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 resident's right to be treated with courtesy and respect and in a way that fully recognizes their individuality and respects their dignity is fully respected and promoted, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee had failed to ensure that the resident's plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed.

A) Record review of the current care plan for Resident # 025 under the nutritional status focus identified a goal related to nutritional status and goal weight range. Weight records indicated the care plan goal was not revised to address the weight loss.

The Dietary Supervisor and Registered Dietitian confirmed that this care plan goal had not been reviewed and revised to reflect the residents current status and confirmed their expectation that the plan of care be reviewed and revised due to the change in resident's care needs.

B) Record review of the current care plan for Resident # 049 under the eating focus

identified a goal related to ideal body weight with no revisions when changes occurred. The care plan goal for this resident was not revised to address the fact that the resident was below the goal weight.

This was confirmed by the Dietary Supervisor. The Dietary Supervisor further confirmed the expectation that the plan of care be reviewed and revised when the resident's care needs changed related to significant unplanned weight loss. [s. 6. (10) (b)]

2. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary.

Record review of a progress note revealed the Registered Dietitian (RD) had documented that Resident # 026 had a decrease in appetite. Another progress note by the RD revealed the resident had weight loss over the last six months.

Review of the "Nutritional Care: Policy Unplanned Weight Change Policy No. DTRY.530 dated December 2010 and titled "Dietary" revealed the following:

"Any resident identified by nursing to have experienced an unplanned weight change will be investigated by the Registered Dietitian to determine if an unplanned weight change of 10 percent or more over six months is related to nutrition factors and to modify the nutrition care plan to address the needs of any resident experiencing weight changes." The "Procedure" section of the policy identified that "the Registered Dietitian will modify the Nutrition Care Plan to implement weight change program as required."

Review of the current care plan for Resident # 026 revealed the goal and interventions were for a weight loss plan of care.

The Registered Dietitian confirmed the nutritional care plan should have been updated for Resident # 026 to address the needs of the weight changes. The Director of Care confirmed that the plan of care should have reflected the resident's current care needs for the nutritional care plan.

The licensee failed to reassess the resident's care needs and the care set out in the plan that were no longer necessary. [s. 6. (10) (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 resident's plan of care is reviewed and revised at least every six months and at any other time when the resident's care needs changed, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that where bed rails were used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there were none, in accordance with prevailing practices to minimize risk to the resident.

Resident observations on October 21 and 22, 2015 during stage 1 of the Resident Quality Inspection revealed 29 of 40 or 72.5 % of residents had one or more bed rails in use.

Record review of resident clinical records revealed the absence of a documented resident assessment for the use of bed rails.

Record review of the "Resident Bed Systems: Bed Safety-prevention of Entrapment" Policy No.19-25d revealed, "Each resident and his/her bed must be assessed individually for entrapment risks and interventions intended to reduce the risk of entrapment and must be tailored to meet each resident's needs."

Record review of the Bed Entrapment Audit revealed it was completed in August and September 2015 by two maintenance staff members trained in the use of the entrapment tool. All bed systems were evaluated and passed all four zones for entrapment, however the Director of Care and the RAI Coordinator confirmed the home had not completed a bed rail risk assessment for all residents using bed rails. [s. 15. (1) (a)]

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 where bed rails are used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident, to be implemented voluntarily.



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Issued on this 10th day of November, 2015

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

Original report signed by the inspector.