



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

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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☐ Licensee Copy/Copie du Titulaire

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Date(s) of inspection/Date de l'inspection

November 3, 4, 5, 2010

Inspection No/ d'inspection

2010_161_2978_03Nov104246

Type of Inspection/Genre d'inspection

Other (Critical Incident)
Log # O-002484

Licensee/Titulaire

Valley Stream Manor INC., 1433 York Mills Drive, Orleans, Ontario, K4A 2N9, Fax 613-843-5788

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

Valley Stream Manor, 2 Valley Stream Drive, Ottawa, Ontario, K2H 0A5, Fax 613-232-9614

Name of Inspector(s)/Nom de l'inspecteur(s)

Kathleen Smid # 161

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to an identified resident.

During the course of the inspection, the inspector spoke with the identified resident, Administrator, Director of Care, Nurse Practitioner, as well as the Care Coordinator, registered nursing staff and personal support workers on the third floor.

During the course of the inspection, the inspector reviewed the identified resident's health care record and the home's "Abuse or suspected abuse of a resident Policy # V11-G-10.00."

The following Inspection Protocols were used during this inspection:

Personal Support Services

Skin and Wound Care

Prevention of Abuse & Neglect

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with: LTCH, 2007 S.O. 2007 c.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.

Findings:

1. On November 2, 2010 the identified resident did not have a pressure relief mattress on her bed as per her plan of care.
2. On November 2nd and 3rd, 2010 the identified resident did not receive medication as ordered prior to her dressing change.
3. On November 1, 2010 the identified resident dressing was not changed due to lack of dressing supplies.

Inspector ID #: 161

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.



Title: **Date:**

Date of Report: (if different from date(s) of inspection).

November 23, 2010