Ontario

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

Rapport d'inspection prévue 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

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Telephone: 613-569-5602
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
Ottawa ON K1S 3J4

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 29-December 1, 2010	2010_126_2978_29Nov155554 2010_148_2978_01Dec081213	Complaint Log # O-002747

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 OA5 Fax 613-232-9614

Name of Inspector(s)/Nom de l'inspecteur(s)
Linda Harkins (#126)
Amanda Nixon (#148)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the care and services provided to a resident.

During the course of the inspection, the inspectors spoke with: Administrator, Director of Care, registered nursing staff, personal support worker, Dietary Manager, Program Coordinator, Physiotherapist, Assistant Physiotherapist and the home's Registered Dietitians.

During the course of the inspection, the inspectors interviewed staff listed above and reviewed the resident's health record. In addition, they reviewed the 2010 Summer/Fall menu cycle and document titled "Tool for Menu Approval and review" dated September 16, 2010; the 2010 Winter/Spring menu cycle; related production sheets; the document titled "Valley Stream Manor Winter/Spring 2010-2011 Menu Review". The inspectors also reviewed nutrition care and dietary services policies and procedures.

The following Inspection Protocols were used during this inspection:
Nutritional and Hydration Inspection Protocol
Falls prevention Inspection Protocol
Personal Support Services Inspection Protocol
Skin and wound

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

9 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 LTCHA, 2007, S.O. 2007, c. 8, s. 11

(2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied.

Findings:

1) The resident Care Plan of September 23, 2010 indicated pureed bread.
2) The resident daughter reported that her/his mother was given a salami sandwich prior to her transfer to hospital on September 30,2010
3) The Dietary Manager confirmed that salami sandwich was available on the menu of September 27, 2010
4) The Dietary Manager stated that salami sandwich should not have been on the menu for minced diet
5) The Dietary Manager stated that the sandwich was not pureed.

Inspector ID #:	126

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s 22

(1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.

Findings:

1) On September 23, 2010, in the progress note , the Administrator documented that the daughter of a resident left a letter at the front desk for the Director of Care.
2) The letter dated September 23, 2010 was not forwarded to the Director.

Inspector ID #:	126

WN #3 : The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s6(4)(a)

(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;

Findings:

1) The resident was identified as having a pressure ulcer wound. The assessment of the location of the resident wound (location, type) is contradictory on several occasions in the progress note: September 12, 10, Left heel scrapped-small skin tear, on September 20, 10, patient has stage II pressure ulcer on her left buttock and on September 23, 10, Pressure ulcer on right heel stage 2.
2) Documentation in the care plan does not indicate type of ulcer, interventions, treatments and evaluation
3) The assessment of the resident condition did not always include documentation of the reason for administering a prn (when needed) medication and the effectiveness of the medication (eg. Gravol and Hydromorphone).

Inspector ID #:	126

WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, 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.

Findings:

1) September 13, 2010, progress note written by a Registered Nurse indicates that a Personal Support Worker (PSW) transferred a resident on her own without any assistance.
2) September 16, 2010, the Director of Care met with the (PSW) who transferred the resident on her/his own. The (PSW) stated to the DOC that on September 12, 2010, the resident "did a pivot turn with the resident and the resident's legs buckled. She guided the resident to the floor in front of her wheelchair. The resident at the time sustained a small skin tear from the foot of the wheelchair to her/his left ankle".
3) The resident, was identified on her plan of care as being a two staff transfer with mechanical lift for all transfers.

Inspector ID #:	126

WN #5: The Licensee has failed to comply with O. Reg. 79/10, s. 32.

Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis.

Findings:

1) On September 30, 2010, the resident daughter was aware her/his mother had been vomiting during the night. When she saw the resident that morning, she noted that her/his mother had not been washed, was soiled and half dress.
2) Interview with an Assistant Physiotherapist and he did see the daughter at the resident bed side. He observed that the resident had soiled clothing and that day staff had not provided care.

3) The resident did not received individualized personal care on September 30, 2010

Inspector ID #:	126

WN #6: The Licensee has failed to comply with O.Reg. 79/10, 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,
(b) is complied with.

Findings:

1. O. Reg. 79/10, s 30 (1) 1 requires the licensee to ensure that that each program, including Dietary services and hydration, have relevant policies, procedures and protocols.
2. The home's policy titled "Dietitians Approval of Menus", states that a Registered Dietitian will provide menu approval.
3. The home current Winter/Spring 2010 menu cycle, implemented November 1, 2010, does not have a menu approval by the home's Registered Dietitian.
4. The home's policy titled "Production Sheets", states that the home will have daily production sheets in place for the menu cycle.
5. The home did not have production sheets in place for the 2010 Summer/Fall menu cycle nor did the home have production sheets in place for the 2010 Winter/Spring menu from November 1 to November 5, 2010.
6. The home's policy titled "Meal Day Pattern", states that meats are to be minced for the minced texture menu.
7. The home's planned 2010 Winter/Spring menu cycle indicates the provision for regular food items fro the minced texture modification.

Inspector ID #:	148

WN #7: The Licensee has failed to comply with O.Reg. 79/10, s. 68

(2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;

Findings:

1. Interview on December 1, 2010 with Nutritional Manager, stated that the policy related to nutritional supplements has been reviewed by the Registered Dietitian. She states that no other policies have been reviewed at this time.
2. The following policies titled, "Dietitians Approval of Menus", "Production Sheets", "Texture Food Preparation" and "Meal Day Pattern" were reviewed during this inspection. These policies have not been implemented in consultation with the Registered Dietitian who is a member of the staff of the home.

Inspector ID #:	148

WN #8: The Licensee has failed to comply with O.Reg. 79/10, s. 71

(1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(e) is approved by a registered dietitian who is a member of the staff of the home

Findings:

1. The 2010 Winter/Spring menu cycle was implemented November 1, 2010 and continues to be provided to residents as of December 1 2010.
2. A communication document titled "Valley Stream Manor Winter/Spring 2010/2011 Menu Review", written by the Registered Dietitian (RD) indicates that several revisions were required to the menu including changes to texture modified and therapeutic menus.
3. An email communication dated November 11, 2010 from the RD, states that only Week 1 of the 2010 Winter/Spring menu had been reviewed, that additions or deletions were still required on therapeutic and texture modified menus and that the menu review was not yet complete.
4. The home implemented the 2010 Winter/Spring menu cycle without an approval from the home's Registered Dietitian.

Inspector ID #:	148

WN #9: The Licensee has failed to comply with O.Reg. 79/10, s. 72

(2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus;

Findings:

1. The 2010 Summer/Fall menu cycle, in place between July and October 31, 2010, did not have production sheets in place to direct Food Service Workers in food production.
2. The 2010 Winter/Spring menu cycle, implemented November 1, 2010 did not have production sheets in place to direct Food Service Workers in food production between the dates of November 1 and 5, 2010

Inspector ID #:	148

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.** Amanda Hawkins
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). January 27, 2011