Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
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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
Bureau régional de services de Ottawa

347, rue Preston, 4iém étage
Ottawa ON K1S 3J4
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Ontario

February 1, 2011

Ms. Frances de Beaumont
Administrator
Valley Stream Manor
2 Valley Stream Drive
Ottawa ON K0J 1B0

Dear Ms. Beaumont:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on October 6 and 7, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely

Carole Baril
LTC Home Inspector – Nurse

c President, Resident's Council
President, Family Council

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*

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☐ 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
October 6, 7, 2010	**2010_150_2978_06Oct091848**	Complaint – Log #0-001920

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)
Carole Baril (#150)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with the Administrator, Director of Care, registered nursing staff, personal support workers.

During the course of the inspection, the inspector interviewed staff listed above, reviewed resident's health care record.

The following Inspection Protocols were used during this inspection:
Nutritional and Hydration Inspection Protocol
Pain Inspection Protocol

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

1 WN
1 VPC

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: O Reg. 79/10 s.114(1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

Findings:

1. **All medication administration records for a resident were documented on a Treatment Administration Record and signed received from pharmacy for the dates of 25-Sept-2010 to 25-Oct-2010 instead of 25-Aug-2010 to 24-Sept-2010 resulting for registered staff documenting medications incorrectly.**
   The Director of Care confirmed that the medications were administered on the September 10 to 24, 2010.

Inspector ID #:	150

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 with ensuring medication administration documentation is accurate, to be implemented voluntarily.

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.** Cindy Bird LTC Inspector
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). October 25, 2010.