



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

**Rapport d'inspection
prevue 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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Hamilton, ON L8P 4Y7

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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 Public Copy/Copie Public

Date of inspection/Date de l'inspection 25 March 2011	Inspection No/ d'inspection 2011_167_2768_24Mar145124 2011_127_2768_24Mar144522	Type of Inspection/Genre d'inspection Complaint # H-00583
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Licensee/Titulaire
Maplewood Nursing Home Limited, 500 Queensway West, Simcoe ON N3Y 4R4

Long-Term Care Home/Foyer de soins de longue durée
Cedarwood Village, 500 Queensway West, Simcoe ON N3Y 4R4

Name of Inspector(s)/Nom de l'inspecteur(s)
Marilyn Tone, Long Term Care Homes Inspector – Nursing #107
Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127

Inspection Summary / Sommaire d'inspection

The purpose of this inspection was to investigate a complaint regarding improper resident care and an allegation of being discouraged from reporting to the Director.

During the course of the inspection, the inspectors spoke with the Director of Care, registered and non-registered nursing staff, housekeeping staff, administration staff and union stewards.

During the course of the inspection, the inspectors observed residents, reviewed plans of care for selected residents, reviewed the home's policies and procedures related to Harassment and Retaliation and reviewed an employee's personnel record and relevant documentation related to management's investigation.

The following Inspection Protocols were used during this inspection:

- Prevention of Abuse, Neglect & Retaliation

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/Régleur 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 <i>Long-Term Care Homes Act, 2007</i> (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'exigences prévue le paragraph 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le <i>Loi de 2007 les foyers de soins de longue durée</i> 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. 8.(3):

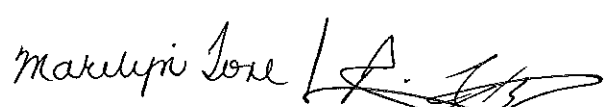
8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

Findings:

At 0500 hrs on 25 March 2011, the inspectors observed that no registered nurse (RN) was in the building and no one was scheduled. The Director of Care confirmed that the LTC home does not have 24-hour RN coverage and has not met this requirement since January 2011.

Additional 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, to be implemented voluntarily, for achieving compliance with ensuring that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times.

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). April 18, 2011