



**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**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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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
Jun 26, 2015	2015_214146_0011	H-002531-15	Complaint

Licensee/Titulaire de permis

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 ou des inspecteurs

BARBARA NAYKALYK-HUNT (146)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): June 18, 2015

During the course of this inspection, the inspector reviewed policy and procedures, staffing schedules, resident health records, the home's documentation and observed residents.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), scheduling clerk, registered staff, personal support workers (PSW's), residents and family members.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Sufficient Staffing**

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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: 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. (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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A) An identified resident's current plan of care directed staff to provide a specific intervention every two hours or, before and after meals, at bedtime and as needed. On a date in June 2015 at 1230 hours after lunch, staff confirmed that the resident had not been provided the intervention since before breakfast, a time span of approximately six hours. Staff confirmed that the resident did not receive care as specified in the plan.

B) An identified resident's current plan of care directed staff that the resident was not to be left unattended during a specific intervention. On a date in June 2015, staff confirmed that the resident was left unattended during the intervention on most days, including the day of the inspection and that the care as specified in the plan was not provided to the resident.

The above information was confirmed by the health record, the direct caregiving staff and the DOC. [s. 6. (7)]

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

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

Specifically failed to comply with the following:

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. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :



1. When the licensee received a written complaint concerning the care of a resident or the operation of the long-term care home, the licensee failed to immediately forward it to the Director.

On a date in May 2015, the Director of Care received a written letter of complaint from a resident's family member related to the care and safety of residents in the home. The home did not forward a copy of the letter to the Director immediately or at all. The Administrator and the DOC confirmed this information. [s. 22. (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 when the home receives a written complaint concerning the care of a resident or the operation of the long-term care home, the home shall immediately forward it to the Director, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services



Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this

Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the staffing plan (a) provided for a staffing mix that was consistent with residents' assessed care and safety needs and that met the requirements set out in the Act and this Regulation.

A) Three of three PSW's interviewed on a date in June 2015 stated that they worked short staffed on three out of five shifts. A randomly selected time period of schedules was requested from the home. The home provided documentation that revealed the following:

i) in a six week time period from March 15, 2015 to April 25, 2015, the home was fully staffed on only 13 of 42 days; that is, on 69% of the days, staff worked short at least one PSW and sometimes two or three. All weekends were short staffed.

ii) in a 4 week time period from May 17, 2015 to June 17, 2015, the home was fully staffed on only 9 of 32 days; that is, on 71.8% of the days staff worked short. All weekends were short staffed.

B) The usual staff complement for day shift was four PSW's on the second floor. Two of three PSW's interviewed, when asked if being short staffed affected resident care, stated that their assigned residents were not toileted as often as needed on short staffed shifts. On June 18, 2015, the floor was short one PSW. Two PSW's confirmed at 1230 hours that seven of their fifteen assigned residents had not been toileted since before breakfast, even though the residents' assessed needs indicated that they should have been toileted twice by lunchtime. An identified resident's care plan indicated that toileting was needed every two hours or before and after meals. On June 18, 2015 at 1230 hours, the resident had been toileted only once at 0715 hours as confirmed by the PSW's. Three of three PSW's stated that when working short, the residents' care was very rushed and men did not always get shaved.

The DOC confirmed that staff had worked short frequently and the current staffing plan was not meeting residents' assessed care needs. The DOC stated that the home had just hired eight new PSW's who had started orientation on June 15, 2015. [s. 31. (3)]



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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 staffing plan must, (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation, to be implemented voluntarily.

Issued on this 3rd day of July, 2015

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

Original report signed by the inspector.