

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
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Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 28, 2021	2021_877632_0008	025586-20, 000050-21	Critical Incident System

Licensee/Titulaire de permis

Maplewood Nursing Home Limited
73 Bidwell Street Tillsonburg ON N4G 3T8

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

YULIYA FEDOTOVA (632)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 30, 31, April 1, 9 and 12, 2021.

**The following Critical Incident System (CIS) intake was completed:
log #000050-21 - related to Medications.**

**The following Compliance Order Follow Up (FU) Inspection was completed
concurrently with this CIS Inspection:
log #025586-20 - related to Dining Observation.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Minimum Data Set (MDS) - Residents Assessment Instrument (RAI) Co-ordinator, Clinical Supervisor, Registered Dietitian, Nutrition Manager, Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Personal Support Workers (PSWs).

During the course of the inspection, the inspector(s) observed and interviewed residents and staff, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Dining Observation

Infection Prevention and Control

Medication

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 11. (2)	CO #001	2020_689586_0028		632

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

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).

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

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 O.Reg 79/10, s. 229. Infection prevention and control program**Specifically failed to comply with the following:****s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).****Findings/Faits saillants :**

1. The licensee failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

A. During the inspection, the home was not in outbreak and on the identified date in March 2021, it was observed that isolation bags with Personal Protective Equipment (PPE) were hanging on the doors of identified rooms with no signs specific to the types of additional precautions posted on or near the entrance door of affected residents.

The IPAC Policy indicated that, as an additional precaution, signage visible at entrance to alert health care professionals and visitors were to be posted on the entrance doors of affected residents to inform registered staff if they require any PPE.

An RN indicated that it was important to have signs specific to the types of additional precautions posted on or near the entrance door in identified rooms.

The residents and staff were at risk of contracting an infection as a result of no signs specific to the types of additional precautions required, posted on or near the entrance door of affected residents.

Sources: the IPAC Policy; interview with an RN.

B. During the inspection, the home was not in outbreak and on the identified date in March 2021, it was observed during lunch that there was an identified number of residents in an identified dining room, who were not encouraged or assisted to perform hand hygiene prior to their meals.

The IPAC Policy indicated that hands should be washed before and after eating food or drinking and good hand hygiene was the most effective way to prevent the spread of cross-infection.

A PSW indicated that the home's staff were to assist the residents with their hand hygiene by using disinfecting wipes located at the entrance to the dining room. At the time of observation, the containers with disinfecting wipes were empty in an identified dining room.

An RPN indicated that the residents were to be assisted with their hand hygiene before lunch by staff.

The residents were at risk of transmitting infection as they were not encouraged to or assisted with performing hand hygiene prior to their meals.

Sources: the IPAC Policy; interview with an RPN. [s. 229. (4)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
 - i. persons who may dispense, prescribe or administer drugs in the home, and**
 - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

Findings/Faits saillants :

1. The licensee failed to ensure that steps were taken to ensure the security of the drug supply, including the following: 3. A monthly audit should be taken of the daily count sheets of controlled substances to determine if there were any discrepancies and that immediate action was taken if any discrepancies were discovered.

The Critical Incident System (CIS) Report related to missed controlled substance in the home was submitted to the MLTC on an identified date in January 2021.

Clinical documentation did not identify any evidence that monthly audits taken of the daily count sheets of controlled substances were conducted in the home.

The Narcotic and Controlled Substances Administration Record Procedure indicated that once per month, the staff was to perform an audit of the Narcotic and Controlled Substances Administration and to determine if there were any discrepancies and record findings.

Interview with the DOC confirmed that no monthly audits taken of the daily count sheets of controlled substances were conducted in the home.

Sources: CIS log #000050-21, Narcotic and Controlled Substances Administration Record Procedure; interview with the DOC. [s. 130. 3.]

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 and ensuring that the security of the drug supply, including the following: 3. A monthly audit shall be taken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered, to be implemented voluntarily.

Issued on this 4th day of May, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : YULIYA FEDOTOVA (632)

Inspection No. /

No de l'inspection : 2021_877632_0008

Log No. /

No de registre : 025586-20, 000050-21

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Apr 28, 2021

Licensee /

Titulaire de permis : Maplewood Nursing Home Limited
73 Bidwell Street, Tillsonburg, ON, N4G-3T8

LTC Home /

Foyer de SLD : Cedarwood Village
500 Queensway West, Simcoe, ON, N3Y-4R4

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Marci Hutchinson

To Maplewood Nursing Home Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /**No d'ordre :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10, s. 229. (4):

Specifically, the licensee shall ensure that:

1. all residents are encouraged to or assisted with performing hand hygiene prior to their meals. Perform an audit to ensure all residents are encouraged to or assisted with performing hand hygiene prior to their meals. The audit must be documented and identify the person who completed the audit;
2. additional precautions signage are being posted on or near the entrance doors of residents on isolation precaution protocol.

Grounds / Motifs :

1. The licensee failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

A. During the inspection, the home was not in outbreak and on the identified date in March 2021, it was observed that isolation bags with Personal Protective Equipment (PPE) were hanging on the doors of identified rooms with no signs specific to the types of additional precautions posted on or near the entrance door of affected residents.

The IPAC Policy indicated that, as an additional precaution, signage visible at entrance to alert health care professionals and visitors were to be posted on the entrance doors of affected residents to inform registered staff if they require any PPE.

An RN indicated that it was important to have signs specific to the types of additional precautions posted on or near the entrance door in identified rooms.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The residents and staff were at risk of contracting an infection as a result of no signs specific to the types of additional precautions required, posted on or near the entrance door of affected residents.

Sources: the IPAC Policy; interview with an RN.

B. During the inspection, the home was not in outbreak and on the identified date in March 2021, it was observed during lunch that there was an identified number of residents in an identified dining room, who were not encouraged or assisted to perform hand hygiene prior to their meals.

The IPAC Policy indicated that hands should be washed before and after eating food or drinking and good hand hygiene was the most effective way to prevent the spread of cross-infection.

A PSW indicated that the home's staff were to assist the residents with their hand hygiene by using disinfecting wipes located at the entrance to the dining room. At the time of observation, the containers with disinfecting wipes were empty in an identified dining room.

An RPN indicated that the residents were to be assisted with their hand hygiene before lunch by staff.

The residents were at risk of transmitting infection as they were not encouraged to or assisted with performing hand hygiene prior to their meals.

Sources: the IPAC Policy; interview with an RPN.

An order was made by taking the following factors into account:

Severity: there was a risk of harm to the residents as a result of the home's staff not following the IPAC Policy.

Scope: the scope of this non-compliance was pattern, because the staff did not participate in two out of three IPAC activities.

Compliance history: in the last 36 months, the licensee was found to be non-compliant with s. 229. (4) of the O. Reg. 79/10 and one Written Notification (WN)

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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section 154 of the *Long-Term
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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

and three Voluntary Plans of Correction (VPCs) were issued to the same section
and subsection of the legislation. (632)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

May 28, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
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2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 28th day of April, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Yuliya Fedotova

Service Area Office /

Bureau régional de services : Hamilton Service Area Office