

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137
hamiltondistrict.mlrc@ontario.ca

Original Public Report	
Report Issue Date: February 8, 2023	
Inspection Number: 2023-1259-0002	
Inspection Type: Critical Incident System	
Licensee: Maplewood Nursing Home Limited	
Long Term Care Home and City: Cedarwood Village, Simcoe	
Lead Inspector Lesley Edwards (506)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
January 24-27, 30-31 and February 1-3, 2023.

The following intake(s) were inspected:

- Intake: #00004163- Critical Incident System (CI) related to safe transferring and positioning.
- Intake: #00008820- CI report - related to prevention of abuse and neglect.
- Intake: #00016906- CI report - related to falls prevention and management.
- The following Intake(s) were completed in this inspection: Intake #00004009; Intake #00005699, and Intake #00005969, were related to an injury with a significant change in condition.

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services
Prevention of Abuse and Neglect
Infection Prevention and Control
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Binding on Licensees

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that where the Act required the licensee of a long-term care home to carry out every operational Minister's Directive that applied to the long-term care home, the operational Minister's Directive was complied with.

In accordance with the Minister's Directive: COVID-19 response measures for long-term care homes, the licensee was required to ensure that regular Infection Prevention and control (IPAC) self-audits were conducted in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario.

Rationale and Summary

The Minister's Directive stated that the home was to conduct regular IPAC self-audits following at a minimum the Public Health Ontario (PHO) COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes, at a minimum every two weeks when the home was not in an outbreak, and at a minimum once a week when in an outbreak.

Record review and management acknowledged that they were aware of the self-audits but had not completed them at the frequency that was required in the guidance document both when the home was in an outbreak and when the home was not in an outbreak.

By not completing regular IPAC audits at the required frequency the home may not be aware of IPAC concerns and not able to address any concerns that may arise while completing the audits.

Sources: Interview with staff; Minister's directives: COVID-19 response measures for long-term care homes dated April 27, 2022, and PHO's COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes.

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WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (7) 4.

The licensee has failed to ensure that the IPAC lead carried out their responsibilities related to auditing of IPAC practices in the home.

Rationale and summary

Additional requirements under section 2.1 of the IPAC Standard for Long Term Care Homes, April 2022, stated that the IPAC lead is to conduct at a minimum, quarterly real-time audits of specific activities performed by staff in the home, including but not limited to donning and doffing of personal protective equipment (PPE).

Management confirmed that quarterly audits were not completed related to donning and doffing of PPE, and could not provide any written records of donning and doffing audits.

By not performing quarterly audits related to PPE, as is required by Additional Requirement 2.1 under the IPAC Standard, the home may not become aware of any IPAC concerns.

Sources: Infection Prevention and Control Standard for Long Term Care Homes, April 2022 and interview with staff.

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WRITTEN NOTIFICATION: Plan of care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (5)

The licensee has failed to ensure that the Substitute Decision Maker (SDM) of a resident was given an opportunity to participate fully in the development and implementation of the resident's plan of care.

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The SDM for a resident identified they were not notified immediately when the resident sustained a fall or when the resident was sent to the hospital.

A resident's clinical record and interview with staff confirmed the resident fell and the SDM was not notified at the time of the fall. The SDM was also not notified when the resident had a change in status and was sent to the hospital for an assessment. The SDM was notified after the resident returned from the hospital with an injury.

Failure to notify the SDM of the fall and the resident's hospitalization resulted in lack of participation in the resident's plan of care.

Sources: A resident's clinical record; interview with staff.

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WRITTEN NOTIFICATION: Duty to protect**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 24 (1)

The licensee has failed to ensure that they protected a resident from abuse by anyone.

Rational and Summary

Staff were providing care to a resident.

One staff reported the resident demonstrated responsive behaviours during care and second staff member responded with a physical action and verbal response.

Failing to protect a resident from abuse by staff had the potential to cause harm.

Sources: Interviews with staff, a resident's clinical record and CIS.

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COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 79/10, s. 36

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee must:

Review and revise a resident's plan of care to include a focus statement for positioning and individualized interventions that should be used for the resident to prevent injury.

Grounds

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. 36 of O. Reg. 79/10.

The licensee has failed to ensure that staff used safe transferring and positioning techniques when assisting a resident.

Rationale and Summary

A resident's clinical record stated they had a previous diagnosis and required assistance of staff with all activities of daily living related to their diagnosis and used equipment for transferring.

The resident required repositioning and staff used an unsafe technique. The resident was assessed and an injury was sustained.

The licensee's SLATE (Safe Lifts, Ambulation and Transfers for Everyone) policy stated that staff are to use a no -lift/minimal lift philosophy, protecting the residents and staff from injury.

Staff acknowledged this was an unsafe positioning/lift for the resident.

Repositioning the resident caused an injury.

Sources: A resident's clinical record; CI; investigation notes; video surveillance; the licensee's lift and transfer policy titled: SLATE (Safe Lifts, Ambulation and Transfers for Everyone) and interview with staff.

This order must be complied with by February 22, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
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
438 University Avenue, 8th Floor
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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.