

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

Original Public Report	
Report Issue Date: March 29, 2023	
Inspection Number: 2023-1259-0003	
Inspection Type: Complaint Follow up	
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
<p>The inspection occurred onsite on the following dates: March 15 -17 and 22-24, 2023.</p> <p>The following intakes were inspected:</p> <ul style="list-style-type: none"> Intake: #00020325 - Follow-up #001- O. Reg. 79/10 - s. 36. Compliance Due Date: February 22, 2023. Intake: #00021255 - Complaint with concerns regarding restraints and personal assistance services devices (PASD's), plan of care related to skin and wound care. Intake: #00021632 - Complaint with concerns regarding food production.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2023-1259-0002 related to O. Reg. 79/10, s. 36 inspected by Lesley Edwards (506)

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

Resident Care and Support Services
Skin and Wound Prevention and Management

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Food, Nutrition and Hydration
Infection Prevention and Control
Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 78 (2) (f)

The licensee has failed to ensure that planned menu substitutions were communicated to residents and staff.

Rationale and Summary

On March 17, 2023, observation of dining room #1, salmon sandwiches were posted on the menu as the second choice option. The dietary aide (DA) confirmed that residents were being offered tuna instead of salmon. The menu board was not changed to reflect the substitution.

The Nutrition Manager (NM) acknowledged that the menu substitution was not communicated in dining room #1 and was changed when identified.

Sources: Meal observation; menu review and interview with staff.

Date Remedy Implemented: March 17, 2023.

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 79 (1) 1.

The licensee has failed to ensure that the daily menus were communicated to the residents.

Rationale and Summary

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On March 16, 2023, observation of dining room #1 at 1110 hours identified that the breakfast, lunch and dinner menu was still posted from the day prior. When the inspector returned to the dining room to observe the meal service at 1145 hours the menus had not changed. In discussion with the NM at the meal service the inspector informed them that the menu's had not been changed since yesterday. When the inspector went back at approximately 1330 hours the daily menus had been changed with the correct menus.

Sources: Observation of dining room #1 and interview with the NM and other staff.

Date Remedy Implemented: March 16, 2023.

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WRITTEN NOTIFICATION: Binding on licensee**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

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

The licensee has failed to ensure staff carried out a Minister's Directive related to staff wearing a mask that covered their nose and mouth.

Rationale and Summary

In accordance with the Minister's Directive: "COVID-19 response measures for long-term care homes" (August 30, 2022), the licensee was required to ensure that masking requirements as set out in the "COVID-19 Guidance Document for Long-Term Care Homes in Ontario" (December 23, 2022) were carried out.

The "COVID-19 Guidance Document for Long-Term Care Homes in Ontario issued by the Minister directed," as a first defense against the transmission of respiratory viruses, masks are required for long-term care staff, as well as for visitors and others.

- i. On March 16, 2023, a staff member was in the elevator observed to not be wearing their mask covering their nose and mouth and once they saw the inspector, they put the mask on correctly.
- ii. On March 17, 2023, at approximately 1200 hours on the second floor the inspector observed a staff member speaking to another staff member holding their mask below their chin and residents were in proximity.
- iii. During a meal observation in dining room #1 that same afternoon the Administrator and the inspector observed a staff member in the kitchen walking around with their mask on their chin with other staff in the kitchen.

The IPAC Lead acknowledged that the expectation is that all staff and visitors wear a mask that covers

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their nose and mouth while in the home.

There was a risk that residents, staff, and visitors may be exposed to respiratory infections when workers did not wear a mask that covered their nose and mouth while working in the home.

Sources: Observations during the inspection in the home area and the dining room; the Minister's Directive: "COVID-19 response measures for long-term care homes" (August 30, 2022), "COVID-19 Guidance Document for Long-Term Care Homes in Ontario" and interviews with IPAC lead and other staff.

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WRITTEN NOTIFICATION: Skin and wound care**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iii)

The licensee has failed to ensure that a resident exhibiting altered skin integrity was assessed by a registered dietitian who was a member of the staff of the home, and any changes made to the residents plan of care relating to nutrition and hydration were implemented.

Rationale and Summary

On an identified date in February 2023, a resident's progress notes identified they had a new area of altered skin integrity. A review of the resident's clinical record did not include a registered dietitian (RD) assessment or a nutritional referral related to the new area of altered skin integrity.

The RD acknowledged they should have been sent a referral and an assessment should have been completed for the resident.

The resident could have been at risk for inadequate nutrition related to their new altered area of skin integrity, when the RD did not assess the resident's nutritional care needs.

Sources: A resident's electronic record; the home's policy Skin/Wound Care program reviewed August 2020; Interview with RD and staff.

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WRITTEN NOTIFICATION: Nutritional care and hydration program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

The licensee has failed to ensure they complied with a procedure in their nutritional care and hydration program related to dietary services.

Rational and Summary

In accordance with O. Reg. 246/22 s. 11 (1) b the licensee was required to ensure the nutritional care and hydration program had in place policies and procedures related to dietary services.

Specifically, staff did not comply with the daily temperature sheets where dietary staff were required to check the food temperatures daily prior to point of service and any discrepancies of food temperature above or below the safe zone shall be corrected by further heating or cooling prior to service.

Review of food temperature logs from February 25 until March 15, 2023, for a specified dining area identified that temperatures were not taken of all planned menu items daily. Additionally, on six days there were no temperatures taken at supper and four days there were no temperatures taken for the day.

Sources: Observations of dining room and home area; food temperatures; Safe Food Preparation guideline, policy # DDM-VI-125 dated June 2018; Interview the NM and other staff.

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WRITTEN NOTIFICATION: Menu planning

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (5)

The licensee has failed to ensure that the planned menu items were offered and available at each meal.

Rationale and Summary

On March 16, 2023, during a lunch observation in dining room #1. The DA informed the inspector that the sandwiches and salad needed to go back into the fridge for cooling as the temperatures at point of

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service were above the safe zone. The DA acknowledged that six residents did not get their first choice for lunch.

The licensee failed to ensure that planned menu items were offered and available at the lunch meal on March 16, 2023.

Not having planned menu items available prevented residents having their choice at the meal service.

Sources: Observation of meal service; Interview with NM and other staff.

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WRITTEN NOTIFICATION: Food production**NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 78 (7) (a)

The licensee has failed to ensure that the home had and that staff of the home complied with policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service.

Rationale and Summary

An observation was completed in dining room #4 on March 16, 2023, and the dining room was found to be unclean. The steam table had built up spills, food debris and crumbs all over it. The inside of the microwave and the shelf were soiled with a sticky substance, as well as food crumbs and a built up of food splatter inside the microwave. The fridge and freezer were soiled with spilt juices and crumbs. The kettle and toaster had built up debris which was sticky. The insides of the cupboards and drawers were soiled with spills and food crumbs. Dining room tables and chairs had dried on food and juice on them. The kitchen trolley had built up of dried food on it. Cleaning schedules and job routines were in the kitchen; however, were not being signed off as completed.

The NM acknowledged that the dining room and the equipment were not kept clean, and that staff were not cleaning the equipment as assigned in their job routines.

Failure to ensure that the home complied with their policies and procedures for cleaning of equipment related to dining and snack service resulted in unsanitary conditions.

Sources: Observations on second floor dining room #4 home area; food temperatures; Safe Food Preparation guideline, policy # DDM-VI-125 dated June 2018; job routines for dining room #4; Interview with the NM and other staff.

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WRITTEN NOTIFICATION: Dining and snack services**NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

The licensee has failed to ensure that foods and fluids were served at a temperature that was both safe and palatable to residents.

Rationale and Summary

A complaint was made regarding food temperatures at the home. The home's safe food preparation guideline indicated that hot foods were to be held above 60 degrees Celsius (140 degrees Fahrenheit) and all cold service foods were to maintain temperatures of 4 degrees Celsius or 40 degrees Fahrenheit and temperatures were to be taken at point of service.

On March 15, 2023, a meal observation was completed in dining room #1 at 1155 hours. Upon arrival it was observed that the cold food was placed in metal trays not directly in the ice bath and most of the ice was melted. The Inspector reviewed the temperatures and noted the pureed tossed salad and turkey sandwiches were measured at 41 degrees Fahrenheit and temperatures were not taken for the cold hard-boiled eggs.

The Inspector spoke to staff who confirmed that the temperatures were completed at 1130 hours and acknowledged that this was early as the meal service had not started yet.

The staff member was asked to take the temperatures of the cold items at this time. The temperature of the potato salad for the minced texture was 57.7 Fahrenheit, the regular and minced cold hard-boiled eggs were 64.5 Fahrenheit, the pureed egg was 44.9 Fahrenheit, and the turkey sandwich was 56 degrees Fahrenheit. The NM acknowledged the temperatures were above the required cold temperatures of 40 degrees Fahrenheit.

Failure to maintain a minimum cold food temperatures below 40 degrees Fahrenheit as per the home's safe food temperatures guideline may have affected the palatability of the food, and had the potential to impact food safety.

Sources: Observations on first floor dining room #1 home area; food temperatures; Safe Food Preparation guideline, policy # DDM-VI-125 dated June 2018; Interview with resident's, the NM and other staff.

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WRITTEN NOTIFICATION: Infection prevention and control program

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

The licensee has failed to ensure that on every shift, symptoms indicating the presence of infection in residents were monitored in accordance with any standard or protocol issued by the Director under subsection (2).

Rationale and Summary

On an identified date in February 2023, a resident was diagnosed with an and was ordered an antibiotics.

Review of the home's daily infection control surveillance form did not include the resident on the form to indicate that they were diagnosed with an infection.

A review of the resident's progress notes and the electronic Medication Administration Record (eMAR) did not identify monitoring of the resident for new or worsening symptoms indicating the presence of infection.

By not monitoring the resident on every shift, staff may not be aware of any new or worsening symptoms the resident may experience. Failing to add the resident to the daily infection control surveillance form does not allow for the home to accurately analyze and monitor trends related to infections and antibiotic use.

Sources: A resident's clinical record; eMAR; the daily infection control surveillance form; Analysis of Infection policy reviewed October 2020; Interview with IPAC Lead and other staff.

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