

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: March 6, 2025

Inspection Number: 2025-1259-0002

Inspection Type:

Complaint
Critical Incident

Licensee: Maplewood Nursing Home Limited

Long Term Care Home and City: Cedarwood Village, Simcoe

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25, 26, 27, 2025 and March 3, 4, 5, 6, 2025

The following intake(s) were inspected:

- Intake: #00136926, complaint related to specific resident care concerns.
- Intake: #00138504, critical incident related to a improper treatment of a resident.
- Intake: #00138857, complaint relating to staffing concerns and availability of supplies.
- Intake: #00139313, complaint related to resident care concerns.
- Intake: #00140201, complaint related to availability of supplies.

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

Contenance Care
Resident Care and Support Services

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Skin and Wound Prevention and Management
Infection Prevention and Control
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that staff and others involved in the different aspects of care for two residents ensured that specific assessments were consistent and complemented each other.

Clinical record reviews for two resident's Plans of Care (POC), Resident Assessment Instruments (RAI) and a specific assessments showed that those assessments were not consistent nor complimented each other.

Sources: clinical records of two residents and staff interviews.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of the care set out in the plan of care for a resident were documented.

A clinical record review for a resident and a Registered Nurse interview showed a specific task was not documented on all the assigned times.

Sources: resident's clinical record review and staff interview.

WRITTEN NOTIFICATION: Fall Prevention

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee had failed to ensure that when a resident had a fall, the resident was assessed and that a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Clinical record review for the resident and interview with the DOC showed that the RPN did not complete a post fall assessment for the resident post a specific fall.

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Sources: resident's clinical record and staff interview.

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) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure a resident's wound was reassessed at least weekly.

A clinical record review for a resident and a staff interview showed the resident did not receive a weekly skin and wound reassessment as required.

Sources: clinical record review and staff interview.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes

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identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

The licensee failed to ensure that two residents who were incontinent, received a proper continence assessment.

A clinical record review for the two residents showed that they were both incontinent and the required continence assessment was not conducted for those residents.

Sources: clinical record reviews for two residents and staff interviews.