



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 prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 2, 2019	2019_727695_0008	023265-18, 029888-18, 030810-18, 003601-19, 003605-19	Complaint

Licensee/Titulaire de permis

2063415 Ontario Limited as General Partner of 2063415 Investment LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

Long-Term Care Home/Foyer de soins de longue durée

Maple Grove Care Community
215 Sunny Meadow Boulevard BRAMPTON ON L6R 3B5

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

FARAH_KHAN (695)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 29, April 2, 3, 4, 5, 8, 12, 15, 16, and 17, 2019.

During the course of the inspection, the following Complaint intakes were inspected:

Log #023265-18, related to dining, skin and wound care, and the complaints process

Log #030810-18, related to resident to resident responsive behaviours and alleged abuse

Log #003601-19, related to infection control, continence care, transfers, personal care services, and skin and wound care

During the course of the inspection the inspectors observed the provision of care and services, reviewed relevant documents including: clinical records, policies and procedures, and training records.

During the course of the inspection, the inspector(s) spoke with residents, family members, personal support workers (PSW), registered practical nurses (RPN), student RPN, Registered Nurses (RN), Physiotherapist (PT), Occupational therapist (OT), Registered Dietician (RD), Behavioural Support Manager, Resident Program Team Member, Resident Relations Coordinator/Interim Program Manager, The Assistant Director of Care (ADOC), the Director of Care (DOC), and the Executive Director.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dining Observation

Infection Prevention and Control

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Responsive Behaviours

Skin and Wound Care



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

3 WN(s)

2 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
O.Reg 79/10 s. 73. (1)	CO #001	2018_760527_0018	695

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. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that residents #007, #002, and #010, who were incontinent, had individualized plans of care to promote and manage bowel and bladder continence based on the assessment, and that the plan was implemented.

a) A complaint was submitted to the home regarding concerns of how the home was managing continence care for resident #007.

According to resident #007's clinical record, they were incontinent of bladder and bowels.

Their current plan of care did not include when or how often the resident was required to be checked or changed in order to ensure that the resident was clean, dry and comfortable.

PSW #111 and PSW #114 who worked with resident #007 on separate days from 0700 to 1500 hrs, provided different times at which they changed and/or checked the resident for continence care.

RPN #109 acknowledged that they could not find an individualized plan of care to promote and manage bowel and bladder continence for resident #007.

b) Resident #002 was incontinent of bowels and bladder according to their clinical record. It also stated that the resident was to be on a scheduled toileting plan.

The current plan of care stated the resident was on a toileting program. The plan of care did not include further details of the toileting program such as the timings or frequency of toileting the resident in order to ensure that the resident was clean, dry and comfortable.

PSW #126 stated that they toilet the resident at various times based on their judgement that day.

The ADOC acknowledged that there was no written toileting routine or direction to staff as to when to change, toilet or check the resident for continence care. The ADOC stated that they did not add interventions to the plan of care unless there was something unique to the resident.

c) Resident #010 was incontinent of bowels and bladder according to their clinical record. It also stated that the interventions for continence care included a scheduled toileting plan.



The plan of care did not state whether the resident was on a toileting program, or the timings or frequency of toileting or changes of the incontinent product the resident required in order to ensure that the resident was clean, dry and comfortable.

The ADOC acknowledged that there was no written toileting routine or direction to staff as to when to change, toilet or check the resident for continence care.

The licensee has failed to ensure that resident #007, #002, and #010, who were incontinent of bladder and bowels, had individualized plans of care to promote and manage bowel and bladder continence based on the assessment, and that the plans were implemented. [s. 51. (2) (b)]

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 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 resident #007 as specified in the plan.

The current plan of care for resident #007 stated that when the resident was not in bed, staff were to have certain interventions in place for comfort and mobility.

On a specific date, the resident was observed with two of those interventions not in place.

PSW #112 came into the room shortly after and when interviewed by the LTCH Inspector, acknowledged that the interventions were not in place for resident #007 and was unaware that they were supposed to be.

RPN #100 confirmed that the interventions for resident #007 should have been in place.

The licensee has failed to ensure that the interventions in resident #007s' plan of care were in place as specified in the plan. [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 as specified in the plan, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

**s. 50. (2) Every licensee of a long-term care home shall ensure that,
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :



1. The licensee failed to ensure that supplies, specifically for skin and wound for resident #007, were readily available to relieve pressure and promote healing of altered skin integrity.

A complaint was received by the MOHLTC regarding resident #007 having multiple areas of altered skin integrity.

As per the progress note on a specific date, the Occupational Therapist (OT) documented that a specific skin and wound intervention was ordered for resident #007 for concerns with skin integrity.

The OT stated that the nurse and PSW were taught how to use them and the instructions were posted.

According to the plan of care, staff were to apply the skin and wound intervention when the resident was out of their bed.

The resident was observed not wearing the skin and wound intervention on three separate dates.

In an interview with RPN #109, they stated that the resident was expected to wear the skin and wound intervention but that sometimes it was unavailable.

The licensee failed to ensure that supplies, specifically the skin and wound intervention for resident #007, were readily available to relieve pressure and promote healing of altered skin integrity. [s. 50. (2) (c)]

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 supplies are readily available to relieve pressure and promote healing of bruising to the arms, to be implemented voluntarily.



**Ministry of Health and
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**Rapport d'inspection prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée***

Issued on this 6th day of May, 2019

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

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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 Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : FARAH_ KHAN (695)

Inspection No. /

No de l'inspection : 2019_727695_0008

Log No. /

No de registre : 023265-18, 029888-18, 030810-18, 003601-19, 003605-19

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : May 2, 2019

Licensee /

Titulaire de permis : 2063415 Ontario Limited as General Partner of 2063415
Investment LP
302 Town Centre Blvd., Suite 300, MARKHAM, ON,
L3R-0E8

LTC Home /

Foyer de SLD : Maple Grove Care Community
215 Sunny Meadow Boulevard, BRAMPTON, ON,
L6R-3B5

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :**

Amy Wilkinson



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

To 2063415 Ontario Limited as General Partner of 2063415 Investment LP, 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 # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

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

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Order / Ordre :

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 licensee must be compliant with s. 51 (2)(b) of the O. Reg. 70/10.
Specifically the licensee must:

Ensure that resident #002, #007, and #010, and any other resident, who are incontinent, have an individualized plan of care to promote and manage bowel and bladder continence based on the assessment, and that the plan is implemented. The individualized toileting plan should include but not limited to; direction to staff as to when to change, toilet or check the resident for continence care and that the interventions are communicated to staff providing care.

Grounds / Motifs :

1. The licensee has failed to ensure that residents #007, #002, and #010, who were incontinent, had individualized plans of care to promote and manage bowel and bladder continence based on the assessment, and that the plan was implemented.

a) A complaint was submitted to the home regarding concerns of how the home was managing continence care for resident #007.

According to resident #007's clinical record, they were incontinent of bladder and bowels.

Their current plan of care did not include when or how often the resident was required to be checked or changed in order to ensure that the resident was clean, dry and comfortable.

PSW #111 and PSW #114 who worked with resident #007 on separate days from 0700 to 1500 hrs, provided different times at which they changed and/or checked the resident for continence care.

RPN #109 acknowledged that they could not find an individualized plan of care to promote and manage bowel and bladder continence for resident #007.

b) Resident #002 was incontinent of bowels and bladder according to their clinical record. It also stated that the resident was to be on a scheduled toileting plan.

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 current plan of care stated the resident was on a toileting program. The plan of care did not include further details of the toileting program such as the timings or frequency of toileting the resident in order to ensure that the resident was clean, dry and comfortable.

PSW #126 stated that they toilet the resident at various times based on their judgement that day.

The ADOC acknowledged that there was no written toileting routine or direction to staff as to when to change, toilet or check the resident for continence care. The ADOC stated that they did not add interventions to the plan of care unless there was something unique to the resident.

c) Resident #010 was incontinent of bowels and bladder according to their clinical record. It also stated that the interventions for continence care included a scheduled toileting plan.

The plan of care did not state whether the resident was on a toileting program, or the timings or frequency of toileting or changes of the incontinent product the resident required in order to ensure that the resident was clean, dry and comfortable.

The ADOC acknowledged that there was no written toileting routine or direction to staff as to when to change, toilet or check the resident for continence care.

The licensee has failed to ensure that resident #007, #002, and #010, who were incontinent of bladder and bowels, had individualized plans of care to promote and manage bowel and bladder continence based on the assessment, and that the plans were implemented.

The severity of this issue was determined to be a level 2, minimal harm or minimal risk. The scope of the issue was level 3, widespread. The home had a level 3 history as they had a related non-compliance with this subsection of the LTCHA in the past 36 months that included:

- Voluntary Plan of Correction (VPC) issued October 17, 2018 (2018_760527_0018)



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

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foyers de soins de longue durée*, L.
O. 2007, chap. 8

- VPC issued June 13, 2018 (2018_544527_005)
- VPC issued January 3, 2017 (2016_267528_0023) (695)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jul 21, 2019



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

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Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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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 Health and 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:



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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Pursuant to section 153 and/or
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2007, c. 8

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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 Health and 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.



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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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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foyers de soins de longue durée*, L.
O. 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 de la Santé et 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 2nd day of May, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Farah_Khan

Service Area Office /

Bureau régional de services : Central West Service Area Office