Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Central West Service Area Office
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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
Feb 21, 2020	2020_830752_0003	020819-19	Follow up

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

LUCIA KWOK (752)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 16, 17, 20-24, 27, and 28, 2020

The following intake was completed during this Follow up inspection: Log #020819-19/ Follow up to CO#001 related to weekly skin assessments for residents exhibiting altered skin integrity.

During the course of the inspection, the inspector(s) spoke with residents, the Executor Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), and Personal Support Workers (PSW).
The inspector conducted a tour of the home, observed the provision of care, and resident and staff interactions. The inspector reviewed pertinent clinical records, relevant policies and procedures, the home's compliance action plan and pertinent documents.

The following Inspection Protocols were used during this inspection:
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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. 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,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that residents #002, #003, and #004, who exhibited altered skin integrity, were reassessed at least weekly by a member of the registered nursing staff.

Registered Practical Nurse (RPN) #104 stated any changes in the skin from normal condition were considered altered skin integrity and included redness, bruising, skin tears, opened areas, pressure ulcers.

Assistance Director of Care (ADOC) #103 stated that the home categorized altered skin integrity into two types, open wounds and closed impaired skin integrity. ADOC #103 and Registered Nurse (RN) #107 stated that registered staff were expected to complete weekly assessments for both open and closed areas of altered skin integrity until the area resolved. The ADOC stated that education was provided to registered staff on how to complete weekly skin and wound assessments. It was the home's expectation that the wound measurements and relevant questions were to be answered in the assessment form.

A) Resident #002's clinical records stated the resident had four areas of open altered skin integrity.

Weekly skin and wound care assessments were reviewed after the compliance due date. The weekly assessments were either initiated but incomplete and/or missing.

RPN #109 and ADOC #103 acknowledged the weekly skin and wound care assessments for resident #002's areas of open altered skin integrity were initiated but incomplete.

Resident #002's Head to Toe Assessment- V 2.0 documented three closed areas of altered skin integrity. Four weekly head to toe assessments reviewed after the compliance due date were missing.

B) Resident #003's clinical records stated that the resident had seven areas of open altered skin integrity and one area of closed altered skin integrity.

The home's wound care tracking spreadsheet documented two of the seven areas of altered skin integrity had healed. However, weekly skin and wound care assessments were completed, and treatments were administered after the identified dates for these two areas of altered skin integrity. RN #107 stated that resident #003 currently exhibited altered skin integrity to these two areas and that they were not healed.

Weekly skin and wound care assessments for the remaining five areas of open altered skin integrity were reviewed after the compliance due date. The weekly skin and wound care assessments were missing on identified dates.

The weekly head to toe assessment for the closed area of altered skin integrity was missing on an identified date.

C) Resident #004's electronic Treatment Administration Records (eTAR) showed no ordered treatment for altered skin integrity. However, resident #004's clinical records showed three areas of opened altered skin integrity.

Weekly skin and wound care assessments for open areas of altered skin integrity were reviewed after the compliance due date. The weekly skin and wound care assessments for two areas of opened altered skin integrity were missing on identified dates.

For one area of opened altered skin integrity, the weekly skin and wound care assessments were missing on identified dates. RN #107 documented that the area had resolved on an identified date.

Resident #004's Head to Toe Assessment- V 2.0 documented eight closed areas of altered skin integrity. Weekly head to toe assessments were reviewed after the compliance due date and they were missing. There was no documentation that the areas had resolved. One closed area of altered skin integrity had missing weekly head to toe assessments but it was documented as resolved on an identified date.

RN #107 and ADOC #103 acknowledged that the areas of altered skin integrity for residents #002, #003, and #004 should have been reassessed weekly by registered staff.

D) Compliance order (CO) #001 specified for the licensee to provide education to all registered staff on the home's skin and wound care policy and assessment tools for residents exhibiting skin alteration.

Review of the educational records provided by ADOC #103 identified that only 68 percent of registered staff had completed the education. ADOC #103 acknowledged that not all the home's registered staff had received the in-service education as specified in CO#001.

The licensee has failed to ensure that residents #002, #003, and #004's areas of altered skin integrity were reassessed at least weekly by a member of the registered nursing staff. [s. 50. (2) (b) (iv)]

Additional Required Actions:

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

Issued on this 3rd day of March, 2020

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l’inspecteur

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) :	LUCIA KWOK (752)
Inspection No. / No de l’inspection :	2020_830752_0003
Log No. / No de registre :	020819-19
Type of Inspection / Genre d’inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Feb 21, 2020
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

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l’inspecteur

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:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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)

Linked to Existing Order / Lien vers ordre existant: 2019_545147_0012, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

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

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(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

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10 s. 50. (2) (b) (iv).

Specifically the licensee must:

a) Ensure that residents #002, #003, and #004, who exhibit altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated. The results of the assessments should be documented.

b) Ensure education is provided to all outstanding registered staff, unless the staff is no longer employed by the licensee, and any newly hired registered staff, specifically related to the different clinical tools available in the home for skin and wound assessment, when each is to be utilized, and the process for completing the assessments for any residents exhibiting skin alterations. The education provided shall be documented and include the date and name of the staff educated.

c) Ensure that an auditing process is implemented to ensure that residents with impaired skin integrity are being reassessed weekly as provided for in the regulation. The auditing process should ensure that the weekly skin and wound assessments are completed in its entirety and clearly outlines the resident's area of altered skin integrity. The auditing process must be documented and completed weekly, and include the names of the people conducting the audit, the residents who have been audited, the results of the audit and what actions were taken.

Grounds / Motifs :

1. The licensee has failed to comply with the following compliance order CO#001 from inspection #2019_545147_0012 issued on October 28, 2019, with a compliance date of November 29, 2019.

The licensee was ordered to be compliant with s.50. (2) (b) (iv) of O. Reg. 79/10.

Specifically, the licensee was to:

a) Ensure that residents #001, #002, and all residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, are

reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

b) Provide education to all registered staff specifically related to the different clinical tools available in the home for skin and wound assessment, when each is to be utilized and the process for completing the assessments for any resident exhibiting skin alterations. The education provided shall be documented and include the date and identity of the staff educated. These records will be kept in the home.

The licensee failed to complete parts a) and b) of the order.

The licensee failed to ensure that residents #002, #003, and #004, who exhibited altered skin integrity, were reassessed at least weekly by a member of the registered nursing staff.

Registered Practical Nurse (RPN) #104 stated any changes in the skin from normal condition were considered altered skin integrity and included redness, bruising, skin tears, opened areas, pressure ulcers.

Assistance Director of Care (ADOC) #103 stated that the home categorized altered skin integrity into two types, open wounds and closed impaired skin integrity. ADOC #103 and Registered Nurse (RN) #107 stated that registered staff were expected to complete weekly assessments for both open and closed areas of altered skin integrity until the area resolved. The ADOC stated that education was provided to registered staff on how to complete weekly skin and wound assessments. It was the home's expectation that the wound measurements and relevant questions were to be answered in the assessment form.

A) Resident #002's clinical records stated the resident had four areas of open altered skin integrity.

Weekly skin and wound care assessments were reviewed after the compliance due date. The weekly assessments were either initiated but incomplete and/or missing.

RPN #109 and ADOC #103 acknowledged the weekly skin and wound care assessments for resident #002's areas of open altered skin integrity were initiated but incomplete.

Resident #002's Head to Toe Assessment- V 2.0 documented three closed areas of altered skin integrity. Four weekly head to toe assessments reviewed after the compliance due date were missing.

B) Resident #003's clinical records stated that the resident had seven areas of open altered skin integrity and one area of closed altered skin integrity.

The home's wound care tracking spreadsheet documented two of the seven areas of altered skin integrity had healed. However, weekly skin and wound care assessments were completed, and treatments were administered after the identified dates for these two areas of altered skin integrity. RN #107 stated that resident #003 currently exhibited altered skin integrity to these two areas and that they were not healed.

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The weekly head to toe assessment for the closed area of altered skin integrity was missing on an identified date.

C) Resident #004's electronic Treatment Administration Records (eTAR) showed no ordered treatment for altered skin integrity. However, resident #004's clinical records showed three areas of opened altered skin integrity.

Weekly skin and wound care assessments for open areas of altered skin integrity were reviewed after the compliance due date. The weekly skin and wound care assessments for two areas of opened altered skin integrity were missing on identified dates.

For one area of opened altered skin integrity, the weekly skin and wound care assessments were missing on identified dates. RN #107 documented that the area had resolved on an identified date.

Resident #004's Head to Toe Assessment- V 2.0 documented eight closed areas of altered skin integrity. Weekly head to toe assessments were reviewed after the compliance due date and they were missing. There was no documentation that the areas had resolved. One closed area of altered skin integrity had missing weekly head to toe assessments but it was documented as resolved on an identified date.

RN #107 and ADOC #103 acknowledged that the areas of altered skin integrity for residents #002, #003, and #004 should have been reassessed weekly by registered staff.

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Review of the educational records provided by ADOC #103 identified that only 68 percent of registered staff had completed the education. ADOC #103 acknowledged that not all the home's registered staff had received the in-service education as specified in CO#001.

The licensee has failed to ensure that residents #002, #003, and #004's areas of altered skin integrity were reassessed at least weekly by a member of the registered nursing staff. [s. 50. (2) (b) (iv)]

The severity of the issue was determined to be a level 2 as there was minimal risk of harm to the residents. The scope of the issue was a level 3 as it related to three of three residents reviewed. The home had a level 4 history as they had on-going non-compliance with this section of the O. Reg. 79/10 that included:

- Written Notification (WN) issued June 6, 2017 (2017_561583_0009)
- Voluntary Plan of Correction (VPC) issued June 13, 2018 (2018_544527_0005)
- VPC issued October 17, 2018 (2018_760527_0018)
- VPC issued May 2, 2019 (2019_727695_0008)
- VPC issued September 5, 2019 (2019_723606_0017)
- Compliance Order (CO)#001 issued October 28, 2019 with a compliance due

date of November 29, 2019 (2019_545147_0012).
(752)

This order must be complied with by /
Vous devez vous conformer à cet ordre d’ici le : Mar 24, 2020

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:

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.

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, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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 revision 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 21st day of February, 2020

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Lucia Kwok

Service Area Office /
Bureau régional de services : Central West Service Area Office