

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 7, 2020	2020_750539_0022	019742-20	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

VALERIE GOLDRUP (539), JANET GROUX (606)

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): November 12, 13, 16, 17, 18, and 19, 2020.

The following intake was completed in this Complaint inspection:

Log #:019742-20, was related to the provision of resident care.

This inspection was completed concurrently with Critical Incident System (CIS) inspection #2020_750539_0023.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care (DOC), Assistant Directors of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), a Physiotherapist, a Dietitian and Personal Support Workers (PSW).

During the course of the inspection, the inspectors observed resident and staff interactions, and reviewed clinical health records, relevant home's policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Continence Care and Bowel Management

Falls Prevention

Hospitalization and Change in Condition

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

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1. The licensee has failed to ensure the Skin and Wound Care Management protocol, included in the required Skin and Wound Care Program, was complied with for a resident.

O. Reg. 79/10 s.48 (1) 2 requires a skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.

O. Reg. 79/10 s. 30. (1) requires a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

Specifically, staff did not comply with the home's Skin and Wound Care Management Protocol last revised April 2019. The protocol directed registered staff to update the plan of care including the Treatment Administration Record (TAR) which outlined the treatment to be provided and tracked the date the treatment was administered for the specified area of impaired skin integrity.

A resident was identified with impaired skin integrity with a treatment plan every week.

The resident's electronic Treatment Administration Record (eTAR) for September 2020 did not contain the resident's treatment plan for impaired skin integrity.

There was potential risk to the resident as they may not have received the required treatment for their impaired skin integrity as prescribed.

Sources: "Skin and Wound Care Management Protocol; the resident's physician orders, plan of care and ETAR; and interviews with an RN and the ADOC.

Issued on this 7th day of December, 2020

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

Original report signed by the inspector.