

**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 21, 2021	2021_876606_0027	017898-21, 017941-21	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

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): December 14-17, 2021.

**The following intakes were completed in this complaint inspection:
Log #017898-21 and log #017941-21 regarding an allegation of abuse and neglect.**

During the course of the inspection, the inspector(s) spoke with The Executive Director (ED), the Associate Director of Care (ADOC), Registered Dietitian (RD), Registered Nurses (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), substitute decision makers (SDMs), and residents.

The inspector conducted a tour of the home and observed the provision of care, and resident and staff interactions. The inspector reviewed pertinent clinical records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Medication

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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 :

1. The licensee has failed to ensure the Hydration and Nutritional Monitoring policy was complied with for a resident.

The home's Hydration and Nutritional Monitoring policy stated that the registered staff would provide close monitoring of residents with uncharacteristic changes in food or fluid intake and refer to the Registered Dietitian (RD) if there were any unexpected changes.

Specifically, staff did not comply with the home's policy and procedure "Hydration Assessment and Nutritional Monitoring.

The home received a complaint regarding the care of a resident. It was alleged that staff did not take action when the resident refused to eat and drink.

The resident was identified with a change in their health condition. During an identified time period, it was recorded that the resident's food and fluid intake declined and this was not characteristic for the resident. The resident was transferred to the hospital and, was admitted and diagnosed with a respiratory illness.

Two Registered Practical Nurses (RPNs) said that when there was a change in the resident's food and fluid intake, they would send a referral to the RD to assess.

The RD acknowledged that they did not receive a referral to assess the resident when their food and fluid intake declined during the identified period.

Failure to send a referral to the RD caused a delay in the follow up of the resident's change in condition and may have increased the resident's risk for further harm.

Sources: a resident's progress notes, Look Back Reports, Documentation Survey Report-V2, and interviews with staff. [s. 8. (1)]

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 the Hydration and Nutritional Monitoring policy is complied with for the resident, to be implemented voluntarily.

Issued on this 23rd day of December, 2021

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

Original report signed by the inspector.