

**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
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Bureau régional de services de
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130, avenue Dufferin 4ème étage
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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
Jan 21, 2020	2020_797740_0001	020434-19	Follow up

Licensee/Titulaire de permis

Maplewood Nursing Home Limited
73 Bidwell Street TILLSONBURG ON N4G 3T8

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

Maple Manor Nursing Home
73 Bidwell Street TILLSONBURG ON N4G 3T8

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

SAMANTHA PERRY (740)

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 06, 07, 08, 09, 2020

The following Follow-up intake was completed within this inspection related to a Compliance Order (CO) from Follow-up Inspection # 2020_797740_0001: Log# 020434-19 for CO #001 related to compliance with the home's written documentation policies.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Registered Nurses, Registered Practical Nurses and Personal Support Workers.

The inspector also reviewed written records of staff education, policies and procedures of the home and conducted interviews with staff.

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

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

<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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- 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. 2007, c. 8, s. 6 (9).**
 - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

The licensee has failed to comply with Compliance Order (CO) #001 from inspection number 2019_674610_0031 by the compliance due date.

The licensee was ordered to ensure that they were compliant with s. 6 (9) of the LTCHA.

Specifically, the licensee was ordered to:

A) Ensure that all staff providing personal support services in the home receive training related to Personal Support Workers' (PSW) role for documentation requirements after providing care to residents.

B) Ensure that all staff providing nursing and personal support services in the home receive training related to the home's policy and process for documentation for the provision, outcome, and effectiveness of the care set out in the plan of care.

C) A written record is kept of all training related to documentation and plan of care, including staff names, dates and training type.

The home failed to complete steps A), B) and C) by the compliance due date.

The licensee has failed to ensure that training and education related to a PSWs role and responsibilities for documentation were reviewed and that the training and education related to the documentation of the provisions, outcomes and effectiveness of the care set out in the plan of care was reviewed by all staff providing nursing and personal support services in the home.

The home's plan to achieve compliance and associated records were reviewed, including a document titled "Training Package PSW", the home's "Falls Prevention and Management Program" policy, "Intentional Comfort Rounds", "Universal Falls Precautions (SAFE)", and "Scott Fall Risk Screen for Residential Long-Term Care".

A staff education and training attendance list titled "Post Falls/Point of Care (POC)" was reviewed and showed that not all registered and non-registered staff working in the home completed the ordered training by the compliance due date.

Administrator #100 said Director of Care (DOC) #101 was responsible for complying orders related to nursing actions, including the education and training of the home's policies and expectations of the registered and non-registered staffs' roles and

responsibilities related to required documentation to comply Compliance Order (CO) #001.

Director of Care (DOC) #101 said they were unable to complete the ordered training and education related for all registered and non-registered staff in the home. They were aware of the option to request a compliance due date extension, they did not request an extension and should have. DOC #101 said they have enlisted Registered Nurse (RN) #102 to complete the ordered education and training and all the staff working in the home will complete the education and training in the next couple of weeks.

The licensee has failed to comply with CO #001 from Inspection #2019_674610_0031 as the training and education related to documentation for all staff providing nursing and personal support services in the home was not completed as ordered by the Compliance Due Date.

Additional Required Actions:

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

Issued on this 29th day of January, 2020

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

Original report signed by the inspector.

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 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) : SAMANTHA PERRY (740)

Inspection No. /

No de l'inspection : 2020_797740_0001

Log No. /

No de registre : 020434-19

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jan 21, 2020

Licensee /

Titulaire de permis : Maplewood Nursing Home Limited
73 Bidwell Street, TILLSONBURG, ON, N4G-3T8

LTC Home /

Foyer de SLD : Maple Manor Nursing Home
73 Bidwell Street, TILLSONBURG, ON, N4G-3T8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Marlene Van Ham

To Maplewood Nursing Home Limited, 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 # /

No d'ordre : 001

Order Type /

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

Linked to Existing Order / 2019_674610_0031, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

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

Specifically, the licensee must:

A) Ensure that all staff providing personal support services in the home receive training related to their role and responsibilities for documentation of the provisions of care in Point of Care (POC), including but not limited to the following tasks:

- falls mats identification;
- high low bed in correct position and;
- bed alarm and chair alarm on, as stipulated in the plan of care.

B) Ensure that all staff providing nursing and personal support services in the home receive training and education related to the home's policy and process for documentation of the provision, outcome, and effectiveness of the care set out in the plan of care.

C) A written record is kept of all training and education reviewed with registered and non-registered staff related to documentation and plan of care including:

- A copy of the training/education content reviewed with the registered, and non-registered staff
- The name of the staff member providing the training/education content
- The method by which the education/training will be delivered (in class, online, etc...)
- A list including but not limited to: each date the education/training is to be presented on, printed names, their designation and signatures of each non-registered and registered staff member in attendance for the training/education.

Grounds / Motifs :

1. The licensee has failed to comply with Compliance Order (CO) #001 from inspection number 2019_674610_0031 by the compliance due date.

The licensee was ordered to ensure that they were compliant with s. 6 (9) of the LTCHA.

Specifically, the licensee was ordered to:

A) Ensure that all staff providing personal support services in the home receive training related to Personal Support Workers' (PSW) role for documentation

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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requirements after providing care to residents.

B) Ensure that all staff providing nursing and personal support services in the home receive training related to the home's policy and process for documentation for the provision, outcome, and effectiveness of the care set out in the plan of care.

C) A written record is kept of all training related to documentation and plan of care, including staff names, dates and training type.

The home failed to complete steps A), B) and C) by the compliance due date.

The licensee has failed to ensure that training and education related to a PSWs role and responsibilities for documentation were reviewed and that the training and education related to the documentation of the provisions, outcomes and effectiveness of the care set out in the plan of care was reviewed by all staff providing nursing and personal support services in the home.

The home's plan to achieve compliance and associated records were reviewed, including a document titled "Training Package PSW", the home's "Falls Prevention and Management Program" policy, "Intentional Comfort Rounds", "Universal Falls Precautions (SAFE)", and "Scott Fall Risk Screen for Residential Long-Term Care".

A staff education and training attendance list titled "Post Falls/Point of Care (POC)" was reviewed and showed that not all registered and non-registered staff working in the home completed the ordered training by the compliance due date.

Administrator #100 said Director of Care (DOC) #101 was responsible for complying orders related to nursing actions, including the education and training of the home's policies and expectations of the registered and non-registered staffs' roles and responsibilities related to required documentation to comply Compliance Order (CO) #001.

Director of Care (DOC) #101 said they were unable to complete the ordered training and education related for all registered and non-registered staff in the

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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home. They were aware of the option to request a compliance due date extension, they did not request an extension and should have. DOC #101 said they have enlisted Registered Nurse (RN) #102 to complete the ordered education and training and all the staff working in the home will complete the education and training in the next couple of weeks.

The licensee has failed to comply with CO #001 from Inspection #2019_674610_0031 as the training and education related to documentation for all staff providing nursing and personal support services in the home was not completed as ordered by the Compliance Due Date.

During this inspection, this non-compliance was found to have a severity of minimal risk to the residents and the scope was isolated as 23 per cent of the combined registered and non-registered staff, still require the ordered training and education. The home has a previous history of non-compliance in this area including:

- Written Notification (WN) and Compliance Order (CO) issued October 22, 2019 during inspection 2019_674610_0031;
- WN and Voluntary Plan of Corrective (VPC), issued July 18, 2017 during inspection 2017_566669_0009. (740)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Feb 28, 2020

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

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.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 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:

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

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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.

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Ordre(s) de l'inspecteur

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Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.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 des Soins de longue durée
1075, rue Bay, 11^e 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 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 January, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Samantha Perry

Service Area Office /

Bureau régional de services : London Service Area Office