

**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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| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>No de registre</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|-----------------------------------|--|
| Jul 5, 2021                                    | 2021_607523_0015                              | 004861-21                         | Critical Incident<br>System                        |

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**Licensee/Titulaire de permis**

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

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

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

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

ALI NASSER (523)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): June 29 and 30, 2021.**

**This inspection was completed for Critical Incident Intake Log #004861-21, related to a resident fall and transfer to hospital.**

**This inspection was conducted with inspectors #705243 and #704957.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Environmental Services Manager, Housekeeping Manager, two Housekeeping staff members, three Registered staff members, a Personal Support Worker and a resident.**

**The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, incident reports, investigation notes and reviewed specific policies and procedures of the home.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Safe and Secure Home**

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

**2 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/> VPC – Voluntary Plan of Correction<br/> DR – Director Referral<br/> CO – Compliance Order<br/> WAO – Work and Activity Order</p>  | <p>Légende</p> <p>WN – Avis écrit<br/> VPC – Plan de redressement volontaire<br/> DR – Aiguillage au directeur<br/> CO – Ordre de conformité<br/> 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home was a safe and secure environment for its residents specific to environmental cleaning and disinfecting of high touch surfaces in accordance with the required Infection Prevention and Control (IPAC) Covid-19 protocols.

In accordance with COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, the licensee was required to ensure that high touch surfaces were cleaned and disinfected at least twice daily.

In an interview two Housekeeping staff members said that the high touch surface areas were not cleaned twice a day.

In an interview Housekeeping Manager said they were not aware that the high touch surface areas were not being cleaned or disinfected twice daily.

In an interview the Administrator said they were developing new job aides and checklist to ensure staff will complete the high touch surfaces cleaning and disinfecting in accordance with Directive #3

Sources: staff interviews [s. 5.]

***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 environmental cleaning and disinfecting of high touch surfaces completed in accordance with Directive #3, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that every window in the home that opened to the outdoors could not be opened more than 15 centimetres.

Observation during the inspection showed a window on in a resident home are that would open more than 15 centimeters to the outdoors.

Observations in two different resident rooms with ESM and DOC showed windows would open to the outside more than 15 centimetres.

ESM and DOC said that they will start working immediately on ensuring the windows don't open to the outside more than 15 centimetres.

Observations on the next day showed that the home had implemented measures ensuring the windows would not open more than 15 centimetres to the outdoors.

Sources: Observations and staff interviews. [s. 16.]

***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 every window in the home that opened to the outdoors could not be opened more than 15 centimetres, to be implemented voluntarily.***

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**Issued on this 6th day of July, 2021**

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

**Original report signed by the inspector.**