



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de
London
291, rue King, 4^{ème} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 3, 2014	2014_262523_0009	L-000244-14	Resident Quality Inspection

Licensee/Titulaire de permis

MAPLEWOOD NURSING HOME LIMITED
500 QUEENSWAY WEST, SIMCOE, ON, N3Y-4R4

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

ALI NASSER (523), CAROLE ALEXANDER (112), ROCHELLE SPICER (516)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): March 10, 11, 12, 13, 14, 17, 18, 19 and 20, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Activity Manager, Five Registered Staff, 10 Personal Support Workers, Maintenance Staff, Registered Dietitian, Food Service Manager, Two Food Service Workers, Administrative Assistant, Housekeeping Staff, Family Council President, Resident Council Member, 40 Residents and Three Family Members.

During the course of the inspection, the inspector(s) toured the home, reviewed clinical records, programs, relevant policies and procedures, relevant meeting minutes, observed a meal service, medication pass recreational activities, resident-staff interaction, infection prevention and control practices and the home's general maintenance relating to upkeep and condition of home including resident equipment and supplies

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**



Findings of Non-Compliance were found during this inspection.

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>Legendé</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. 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 is a safe and secure environment for its residents as evidenced by the following:

On March 18, 2014 at 0800 hours, observation of the medication administration pass, medication cart was left unlocked, the Reg staff did not always have visual access to the medication cart. [s. 5.]

On March 10, 2014, a soiled utility room door was found unattended with the key in the door lock. The home's housekeeping staff confirmed that the key to this room should not have been left in the door when the room was unattended.

On March 10, 2014, a bath tub room was found unlocked and unattended. "Comet" cleaner with bleach, was noted on the shelf above tub at an accessible height. There was a piece of broken key in the key hole of door handle and the only way to lock this door was by key.

On March 18, 2014, a soiled utility room was found unattended and unlocked.

On March 18, 2014, a bath tub room was found unattended and unlocked.

The home's Operations Manager and Director of Care confirmed that the tub room and soiled utility rooms should be kept locked when they are unattended. [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 that the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

Findings/Faits saillants :

1. The Licensee has failed to ensure that there is, at least quarterly, a documented reassessment of each resident's drug regime as evidenced by the following:

A review of clinical records for residents #9537 and #9562 revealed that the quarterly drug reviews were not completed before their due dates.

In an interview with the Director of Care it was confirmed that the physician has not yet completed the quarterly assessment reviews.

The Director of Care stated that it is the home's expectations to have the quarterly reviews completed before their due dates. [s. 134. (c)]

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 there is, at least quarterly, a documented reassessment of each resident's drug regime, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (2) The licensee shall ensure,
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (2).**

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



Ministry of Health and
Long-Term Care

Inspection Report under
the Long-Term Care
Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

1. The Licensee has failed to ensure that the infection prevention and control program is evaluated at least annually as evidenced by the following:

A review of the home's Infection Prevention and Control Program revealed the the program was not evaluated in 2013.

This was confirmed by the Director of Care. [s. 229. (2) (d)]

2. The Licensee has failed to ensure that all staff participate in the Infection Prevention and Control Program as evidenced by the following:

On March 18, 2014 at 0800 hours, during the medication administration pass infection control for hand hygiene was not observed to occur between individual medication administration. [s. 229. (4)]

3. Numerous shared resident bathrooms contained personal care items that were not labeled with the resident name.

Personal care items such as: electric razors, unlabeled toothbrush, lotion, mouth rinse, body wash, deodorant, toothpaste, petroleum jelly and perianal wash, barrier cream, vita rub, comb, urinals, Q-tips, mouthwash and denture cup.

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 the Infection Prevention and Control Program is evaluated and updated at least annually and to ensure that all staff participate in the implementation of the program, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



Ministry of Health and
Long-Term Care

Inspection Report under
the Long-Term Care
Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).
-

Findings/Faits saillants :

1. The Licensee has failed to ensure that the home is in good state of repair. This was evidenced by the following:
Crack in a bathroom ceiling and damaged bathroom door frame.
Crack in the Vinyl bathroom floor where the floor is partially peeled off
Chipped paint through out numerous bedroom walls. [s. 15. (2) (c)]
-

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices

Specifically failed to comply with the following:

- s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:
- 4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining. 2007, c. 8, s. 31 (2).

- s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:
- 5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 31 (2).
-

Findings/Faits saillants :



Ministry of Health and
Long-Term Care

Inspection Report under
the Long-Term Care
Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

1. The Licensee has failed to ensure the restraining of a resident by a physical device listed in a resident's plan of care included an order by the physician or registered nurse in the extended class as evidenced by the following:

A review of resident # 9500 clinical records revealed that the plan of care directs staff to use a seat belt and bed rails under the restraint and safety section. The review also revealed that there was no order by a physician or registered nurse in the extended class. It was confirmed by staff and the Director of Care that the devices are being applied to the resident without an order.

The Director of Care stated that the home's expectation is that the restraining of a resident by a physical device requires an order by the physician or registered nurse in the extended class. [s. 31. (2) 4.]

2. The Licensee has failed to ensure the restraining of a resident by a physical device had been consented to by the resident or, if the resident is incapable, a substitute decision maker of the resident with the authority to give that consent as evidenced by the following:

A review of resident # 9500 clinical records revealed that the plan of care directs staff to use a seat belt and bed rails under the restraint and safety section. The review also revealed that there was no consent by the resident or SDM to apply restraints to resident. It was confirmed by staff and the Director of Care that the devices are being applied to the resident without consent.

The Director of Care stated that the home's expectation is that a consent is required by the resident or SDM before including the restraining of a resident by a physical device in the resident's plan of care. [s. 31. (2) 5.]

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 110.
Requirements relating to restraining by a physical device**

Specifically failed to comply with the following:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

6. All assessment, reassessment and monitoring, including the resident's response. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

1. The Licensee has failed to ensure that the documentation for monitoring the resident when the restraint was applied is being done as evidenced by the following:

A review of the clinical record for resident # 9537 revealed that there was no documentation on the flow sheets showing that the hourly check on the resident was being done while the physical restraint was applied.

This was confirmed by the Director of Care [s. 110. (7) 6.]

A review of the clinical record for resident # 9541 revealed that there was no documentation on the flow sheets showing that the hourly check on the resident was being done while the physical restraint was applied.

this was confirmed by the Director of Care

In an interview with the Director of Care it was confirmed that the home's expectation is to have staff document every shift that the hourly check had been done. [s. 110. (7) 6.]

Issued on this 3rd day of April, 2014

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

ALI NASSER