



**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**

**Health System Accountability and  
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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 22, 2014	2014_236572_0017	O-000755- 14	Resident Quality Inspection

#### **Licensee/Titulaire de permis**

UNITED COUNTIES OF LEEDS AND GRENVILLE  
746 County Road 42, P.O Box 100, ATHENS, ON, K0E-1B0

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

MAPLE VIEW LODGE  
746 COUNTY ROAD, 42 EAST, P.O. BOX 100, ATHENS, ON, K0E-1B0

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

BARBARA ROBINSON (572), AMBER MOASE (541), JESSICA PATTISON (197),  
PAUL MILLER (143)

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



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

**This inspection was conducted on the following date(s): August 11-15 and August 18-20, 2014.**

**Three Critical Incidents were done concurrently with the Resident Quality Inspection; #2014\_280541\_0028 (Log O-000838-14), #2014\_280541\_0027 (Log O-000675-14), and #2014\_280541\_0026 (Log O-000693-14).**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), the Resident Services Supervisor, the Dietary and Housekeeping Supervisor, a Registered Dietitian (RD), an Administrative Assistant, secretaries, a Physiotherapy Assistant, the Pharmacist, family members and residents.**

**During the course of the inspection, the inspector(s) toured the home, observed residents' care and services including dining and medication administration, reviewed resident health care records, staffing schedules, Resident and Family Council meeting minutes, and policies/procedures related to abuse/neglect, infection prevention and control, medication management, continence, restraints, as well as skin and wound care.**

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



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**Contenance 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  
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 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 comply with O. Reg. 79/10, s. 8(1)(b) in that the home did not comply with their weight monitoring system to measure and record monthly weights for each resident in the home.

O. Reg. 79/10, s. 68(2)(e)(i) specifies that the home must have a weight monitoring system to measure and record, with respect to each resident, weight on admission and monthly thereafter.

In an interview on August 14, 2014, the Dietary Supervisor stated that the home's process is for the Personal Support Workers to weigh each resident, usually within the first two weeks of the month, and then record this weight on the resident's bath sheet. These weights are then inputted into the home's electronic chart.

In a review of residents' health records on August 11-13, 2014, weights were not recorded for the months specified below:

- January 2014: Residents # 9166, 9176
- April 2014: Residents # 9144, 9125, 9137, 9162, 9170, 9177, 9181
- June 2014: Resident # 9166

The Dietary Supervisor provided Inspector #197 a memo that was dated May 5, 2014, stating that 11 resident weights were not recorded for the month of April 2014. The memo stated that it is a ministry requirement that the home monitor weights monthly and missing weights do not allow the home to monitor weights accurately. The memo asks that staff please ensure they are measuring and recording resident weights at a minimum of one weight per month per resident. [s. 8. (1) (a),s. 8. (1) (b)]

***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 complies with their weight monitoring system by measuring and recording monthly weights for each resident in the home, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids**



**Specifically failed to comply with the following:**

**s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,**

**(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).**

**(b) cleaned as required. O. Reg. 79/10, s. 37 (1).**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg. 79/10, s. 37(1)(a) in that the home did not ensure that each resident of the home has his or her personal items, including personal aids, labelled within 48 hours of admission and of acquiring, in the case of new items.

The following items were observed during the period of August 11-13, 2014:

Rm 102 East - Numerous items unlabelled in shared bathroom, such as denture cup, soaps, shampoos, toothpaste, and slipper bedpan

Rm 105 East - unlabelled personal items in bathroom such as wash basin, polident tubes, toothbrush, soap, denture cup

Rm 120 East - unlabelled soaps and lotions in shared resident bathroom

Rm 121 East - unlabelled personal items in shared bathroom such as toothpaste, soap and deodorant

East tub/shower room - unlabelled items such as soap, lotions and mouthwash

West tub/shower room - unlabelled personal items including 4 hairbrushes, multiple combs, 2 deodorants, 2 sets of nail clippers

Rm 133 West - unlabelled shampoo, mouthwash, toothbrush, denture cup and soap dish in shared resident bathroom

Rm 142 West - 3 urinals stored on the back of toilet tank in shared bathroom - 1 unlabelled, 1 urine collection hat also unlabelled and stored beside

toilet - tucked in support bar, unlabelled mouthwash beside sink [s. 37. (1) (a)]



***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 each resident has his or her personal items, including personal aids, labelled within 48 hour of admission and of acquiring, in the case of new items, to be implemented voluntarily.***

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**WN #3: 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:**

**7. Every release of the device and all repositioning. O. Reg. 79/10, s. 110 (7).**

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**Findings/Faits saillants :**

1. The Licensee has failed to comply with O. Reg. 79/10 section 110 (7) by not documenting when residents who require a restraint are repositioned.

An audit of Resident #9165 restraint flow sheet indicated that on three separate days that staff failed to document that the resident had been repositioned between specific hours. [s. 110. (7) 7.]

***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 all residents who require a restraint have documentation of repositioning, to be implemented voluntarily.***

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





**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).**
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**Findings/Faits saillants :**

1. The licensee has failed to comply with LTCHA 2007, s. 15(2)(a) in that the home's equipment is not kept clean and sanitary. [s. 15. (2) (a)]

On August 12, 2014 two resident rooms were observed to have soiled call bell pull cords.

On August 18, 2014, the call bell pull cords were observed to be in the same soiled condition as when initially observed. [s. 15. (2) (a)]

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

**Specifically failed to comply with the following:**

- s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**
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**Findings/Faits saillants :**





1. The licensee has failed to comply with LTCHA 2007, s. 85(3) whereby the licensee did not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting in its results.

The President of the Residents' Council informed Inspector #541 on August 18, 2014 that he could not recall any discussion about the satisfaction survey during Residents' Council meetings.

On August 18, 2014 staff member #S117 confirmed that the Residents' Council was not involved in the developing and carrying out the satisfaction survey, and in acting on its results. [s. 85. (3)]

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**WN #6: 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. (10) The licensee shall ensure that the following immunization and screening measures are in place:**

**1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with O.Reg 79/10, s. 229 (10) (1) whereby a resident was not screened for tuberculosis within 14 days of admission.

Resident #9148 was admitted to the home on a specified date. The resident received Step 1 of the Mantoux test five days later and Step 2 of the Mantoux test nine months later. The home's policy "TB Screening- Residents, MVL-IPCPROC10" states that if the result from Step 1 is negative, Step 2 of the Mantoux test is to be repeated in 10-21 days to complete the screening process.

On August 19, 2014 the ADOC confirmed that Resident #9148 was not screened for tuberculosis within 14 days of admission. [s. 229. (10) 1.]



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**Issued on this 17th day of September, 2014**

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