



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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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
Oct 1, 2018	2018_717531_0018	018310-18	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

SUSAN DONNAN (531), WENDY BROWN (602)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 8, 9, 10, 13, 14, 15, 16 and 17, 2018.

The following logs were completed concurrently during this inspection:

Log #001542-18 related to alleged staff to resident financial abuse

Log #007473-18 related to infection prevention

Log #008488-18 related to infection prevention

Log #009598-18 related to infection prevention

Log #009643-18 related to alleged staff to resident verbal abuse

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), a Residents' Council Representative (RC), the Family Council President (FC), the Environmental Services Supervisor (ESS), the Resident Services Supervisor (RSS), the Dietitian, Activation Aide (AA), Residents' Substitute Decision Makers (SDM) and residents. The inspectors conducted a walking tour of the resident care areas, reviewed residents health care records, observed resident care and services, observed medication administration, medication storage practices, reviewed Residents' and Family Council minutes, reviewed the fall prevention and skin and wound policies and procedures and infection control practices.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Skin and Wound Care



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

- 3 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>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. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that medication was given to resident #024 in accordance with directions for use specified by the prescriber.

Resident #024 had a physician's order for a medication to be administered three times a day. A review of the last medication incident report for the quarter report on a particular date indicated that, resident #024 did not receive the noon dose of the medication. It was found in the residents individual medication drawer at 1700 hours. An assessment was done and there were no ill effect to the resident. The Substitute Decision Maker, physician, pharmacy, registered nursing staff who made the error, the Assistant Director of Care (ADOC) and Director of Care (DOC) were alerted. The severity was rated as a level one on the Home's medication incident severity scale; although the incident reached the resident there was no harm. Corrective actions were taken as per home's medication policy.

In an interview on August 13, 2018, the ADOC indicated that the resident did not receive the medication as prescribed. The error was noted as: "Medication Administration Related - not given to resident" on the medication incident report follow up form.

The licensee failed to ensure that a medication was given to resident #024 in accordance with directions for use specified by the prescriber. [s. 131. (2)]



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 medications are given to residents in accordance with directions for use specified by the prescriber, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to ensure that they respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

The Residents' Council meeting minutes for January to March 2018 were reviewed. It was noted that in the June 4, 2018 meeting minutes, there was a concern related to volunteers available for a resident to attend a program.

- minutes indicated that a resident stated they were refused to go on a trip because there were not enough volunteers.

There was no evidence in the Residents' Council binder / minutes that a response to this concern had been given to the Residents' Council.

The Resident Services Supervisor was interviewed and stated that a written response has not yet been made to the council in relation to this concern.

The licensee did not respond in writing within 10 days of receiving the concern related to resident volunteer support to attend the program. [s. 57. (2)]



**WN #3: 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).

Findings/Faits saillants :

1. The licensee has failed to ensure to seek the advice of the Residents' Council in developing and carrying out of the satisfaction survey, and acting on its results.

During an interview with a representative of the Residents' Council and review of the Residents' Council minutes the resident indicated that Residents' Council had not been provided the opportunity to participate in developing and carrying out of the satisfaction survey or acting on its results.

The Resident Services Supervisor was interviewed and indicated that the Residents' Council were not provided an opportunity to participate in developing and carrying out of the satisfaction survey, and acting on its results. [s. 85. (3)]

Issued on this 2nd day of October, 2018

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

Original report signed by the inspector.