



**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  
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**

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

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 20, 2015	2015_189120_0086	000362-15	Critical Incident System

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

Better Life LTC Inc.  
19 Richvalley Crescent RICHMOND HILL ON L4E 4C8

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

MAPLE VILLA LONG TERM CARE CENTRE  
441 MAPLE AVENUE BURLINGTON ON L7S 1L8

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

BERNADETTE SUSNIK (120)

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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): November 12, 2015**

**During the course of the inspection, the inspector(s) spoke with the administrator, director of care and charge nurse and reviewed the home's evacuation procedures.**

**The following Inspection Protocols were used during this inspection:  
Safe and Secure Home**

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

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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 :**

The Long Term Care Homes Act, 2007, [c. 8, s.87(1)] requires the licensee of a long-term care home to have emergency plans in place for evacuating and relocating the residents in case of an emergency and the Act requires that the plans are implemented and complied with. On January 2, 2015, the licensee's evacuation plans were not implemented. *complied with. &*

A fire drill (simulated emergency) was held in the home at 11:20 a.m. on January 2, 2015 and as part of the drill, residents were assisted by various staff members from their rooms to a designated holding area, which was the 2nd floor dining room at the time. While staff were occupied with the process of transferring residents to the holding area, one identified resident unfastened their lap belt and fell out of their wheelchair. The resident sustained an injury requiring transfer to hospital.

According to the home's "evacuation procedure" dated August 2012 and revised in July 2012 and May 2015, the charge nurse was required to have a staff member appointed to remain in the holding area with the residents while other staff members continued to evacuate residents to the holding area. However, on January 2, 2015, no staff member was appointed to the holding area by the charge nurse to supervise the residents. According to another charge nurse who was present on January 2, 2015, the fire drill process had just been revised and was being implemented for the first time in 2015. The charge nurse reported that she was training a charge nurse on the 2nd floor who had been hired less than 2 months prior. In the confusion of the process, neither nurse appointed a staff member to go and stay with the residents in the second floor dining room and the evacuation plan was therefore not implemented. *[s. 8(1)]  
complied with &*

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Issued on this <sup>30<sup>th</sup></sup>~~23<sup>rd</sup>~~ day of November, 2015

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

B. Susnik

Original report signed by the inspector.