Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 7, 2021	2021_866585_0014	018569-21	Other

Licensee/Titulaire de permis

Better Life LTC Inc.
147 Estate Garden Drive Richmond Hill ON L4E 3X8

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

Maple Villa Long Term Care Centre
441 Maple Avenue Burlington ON L7S 1L8

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

LEAH CURLE (585), FARAH_ KHAN (695)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): November 22, 23, 24 and 25, 2021.

Specifically, a Service Area Office Inspector Initiated (SAOII) Inspection was conducted.

During the course of the inspection, the inspector(s) spoke with residents, screeners, housekeeping staff, dietary staff, Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), a Life Enrichment Aide, Restorative Care staff, Physiotherapist Assistant (PTA), the Environmental Supervisor, Food Service Manager (FSM), Registered Dietitian (RD), Assistant Director of Care/Nurse Manager (ADOCNM), Director of Care (DOC) and Administrator.

During the course of the inspection, the inspectors toured the home, observed care and services provided to residents, reviewed relevant home policies and procedures, clinical health records, recipes and menus, meeting minutes, staff schedules and other documents.

The following Inspection Protocols were used during this inspection:
Dining Observation
Falls Prevention
Infection Prevention and Control
Medication
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **4 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.

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 as a requirement to keep the home a safe and secure environment, the home followed specific guidelines for screening of all individuals entering the building set out in Directive #3.

Chief Medical Officer of Health (CMOH)'s Directive #3 requires homes to ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, as per the COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes.

The COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes directs at a minimum, that all individuals entering the home are actively screened using specific questions. This includes reviewing each symptom (five in total) and asking a set of six questions related to their possible exposure to COVID-19.

During the inspection, multiple individuals entered the home and were not asked all required screening questions by the screening staff.

The Director of Care (DOC) acknowledged the screeners were expected to actively screen all individuals entering the home and ask the questions as per the COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes.

When individuals are not actively screened at the entrance, it poses a risk that someone carrying the virus could enter the facility, causing potential risk of harm to residents.

Sources: CMOH's Directive 3, effective July 16, 2021, COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes Version 6, August 27, 2021; observations of entrance screening; interview with the DOC and other staff [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 and 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 LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that pureed foods were safe.

During the inspection, pureed texture foods served to residents at two lunch meals were found to be runny, non-cohesive, and pooled out when plated. These pureed items included: tuna salad, potato salad, whole wheat roll, green salad, cabbage casserole and Greek chicken sandwich.

The Registered Dietitian (RD) noted pureed foods should hold their shape and not be runny. The food served at the observed consistency posed risk to one resident.

Sources: two lunch observations, interview with the RD. [s. 11. (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 and without restricting the generality of subsection (1), ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident fell, a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

On a date in October 2021, a resident fell and sustained an injury. Documentation completed post fall did not indicate whether a document titled post fall huddle was conducted. A Registered Practical Nurse (RPN) stated that the post fall huddle was their clinically appropriate assessment instrument used after each fall.

The home’s Falls Prevention and Management Program policy stated registered staff were expected to ensure that after each resident's fall, a huddle took place to identify and address the risk factors, triggers, and/or why the resident had the fall.

Failure to complete the post fall huddle document as part of the post-fall assessment increased potential risk to the resident as there was no comprehensive review in identifying the possible cause of the fall, review of interventions and possible strategies to prevent further falls.

Sources: Home's policy, "Falls Prevention and Management Program", revised May 2021; review of the clinical document titled post fall huddle and review of progress notes and assessments for a resident; interviews with registered staff and the DOC. [s. 49. (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 and ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

WN #4: 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. (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 :

1. The licensee has failed to ensure that all staff participated in the hand hygiene program.

The home's hand hygiene policy directed staff to ensure resident engagement in hand hygiene. An example provided of when resident hands were expected to be cleaned included before snacks.

On a date during the inspection, staff were not observed encouraging, assisting or reminding residents to wash their hands during a snack service. A Personal Support Worker (PSW) acknowledged that they did not remind or assist residents to wash their hands prior to eating their snacks.

The failure to provide hand hygiene prior to residents receiving their snacks poses a potential risk to residents related to the possible ingestion of disease-causing organisms that may have been on their hands.

Sources: Home's Policy, "Hand Hygiene Program", revised September 2020, observations of snack service, interview with a PSW. [s. 229. (4)]

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 and ensure that all staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 7th day of December, 2021

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

Original report signed by the inspector.