Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: July 10, 2023	
Inspection Number: 2023-1047-0005	
Inspection Type: Proactive Compliance Inspection	
Licensee: Caressant-Care Nursing and Retirement Homes Limited	
Long Term Care Home and City: The Maples Home for Seniors, Tavistock	
Lead Inspector Melanie Northey (563)	**Inspector Digital Signature** Melanie Northey Digitally signed by Melanie Northey Date: 2023.07.10 13:29:23 -04'00'
Additional Inspector(s) Rhonda Kukoly (213)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 20, 21, 22, 26, 27, and 28, 2023

The following intake(s) were inspected:

- Intake: #00020839 - Proactive Compliance Inspection (PCI) 2023

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee failed to ensure that a specific therapy set out in the plan of care was provided to a resident as specified in the plan.

Rationale and Summary
The resident was observed without the specific therapy provide as a medical intervention set out in the plan of care. The Registered Nurse verified the therapy was not provided to the resident at the time of the observation.

The care plan for the resident documented a diagnosis and risk for complications validating the medical intervention of the specific therapy. The resident was at risk medically when the specific therapy set out in the plan of care was not provided to a resident as specified in the plan.

Sources: observations, clinical record review for the resident, and staff interviews.
[563]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.

The licensee failed to ensure that the continuous quality improvement (CQI) committee was composed of at least one employee of the licensee who was a member of the regular nursing staff of the home.

Rationale and Summary
The Administrator stated the Continuous Quality Improvement and the Professional Advisory Committee was the home's CQI Committee, but that there were two different groups of staff who had separate meetings to discuss CQI. The Administrator stated a regular nursing staff member was not invited to PAC meetings and was not a regular member of the CQI meetings monthly. The Administrator stated there was no definitive CQI section as part of PAC that clearly identified the CQI member responsibilities and whether those specific responsibilities were fulfilled, and staff members did not know their legislative responsibilities as a member of CQI.

There was no regular registered staff representation present at the PAC and CQI meetings to discuss CQI initiatives. Although PAC and the CQI teams monitored and reported on the overall quality of care and

services provided in the home and made recommendations regarding priority areas for quality improvement in the home, membership was not consistent between CQI meetings and PAC meetings, and the two separate teams were not fulling the member responsibilities as legislated.

Sources: CQI relevant documentation and staff interviews.
[563]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

The licensee failed to ensure that the continuous quality improvement (CQI) committee was composed of at least one employee of the licensee who had been hired as a Personal Support Workers (PSW) or provides personal support services at the home and meets the qualification of PSWs.

Rationale and Summary
The Administrator stated the Continuous Quality Improvement and the Professional Advisory Committee was the home's CQI Committee, but that there were two different groups of staff who had separate meetings to discuss CQI. The Administrator stated a PSW was not invited to PAC meetings and was not a regular member of the CQI meetings monthly. The Administrator stated there was no definitive CQI section as part of PAC that clearly identified the CQI member responsibilities and whether they were fulfilled, and staff did not know their legislative responsibilities as a member of CQI.

There was no PSW present at the PAC and CQI meetings to discuss CQI initiatives. Although PAC and the CQI teams monitored and reported on the overall quality of care and services provided in the home and made recommendations regarding priority areas for quality improvement in the home, membership was not consistent between CQI meetings and PAC meetings, and the two separate teams were not fulling the member responsibilities as legislated.

Sources: CQI relevant documentation and staff interviews.
[563]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

The licensee failed to ensure that the continuous quality improvement (CQI) committee was composed of at least one member of the home’s Residents’ Council.

Rationale and Summary
The Administrator stated the Continuous Quality Improvement and the Professional Advisory Committee was the home's CQI Committee, but that there were two different groups of staff who had separate meetings to discuss CQI. The Administrator stated a member of the home's Residents' Council was not invited to PAC meetings and was not a member of the CQI meetings monthly. The Administrator stated there was no definitive CQI section as part of PAC that clearly identified the CQI member responsibilities and whether they were fulfilled as a member of CQI.

Residents' Council President stated they were not a member of the CQI committee and did not recall helping to identify or make recommendations about specific CQI priority areas. Council President stated there was information posted on the board, but was not aware that there was a report on the CQI initiative or what it contained and they were not a part of the preparation of the report on the continuous quality improvement initiative.

There was no member of Residents' Council present at the PAC and CQI meetings to discuss CQI initiatives.

Sources: CQI relevant documentation and staff interviews.
[563]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (3) 3.

The licensee failed to ensure that the continuous quality improvement (CQI) committee fulfilled their responsibilities to coordinate and support the implementation of the CQI initiative, including preparation of the report on the CQI initiative.

The Administrator stated they were the CQI designated co-lead with the Director of Care (DOC). There was no documentation identifying the CQI committee members fulfilled their responsibilities to coordinate and support the implementation of the CQI initiative, including preparation of the report on the CQI initiative within three months of the coming into force of this section which was July 11, 2022. CQI co-leads stated the interim report for the 2022-2023 fiscal year was prepared by the Administrator, the DOC, the Quality Analyst and Privacy Officer and the Business Office Manager.

Sources: Review of the home's CQI documentation and staff interviews.
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