

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

Ottawa District  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

Report Issue Date: April 11, 2024	
Inspection Number: 2024-1213-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership	
Long Term Care Home and City: Maplewood, Brighton	
Lead Inspector Cathi Kerr (641)	Inspector Digital Signature
Additional Inspector(s) Stephanie Fitzgerald (741726)	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 27, 28, 2024 and April 2, 3, 4, 8, 9, 10, 2024

The following intake(s) were inspected:

- Intake: #00112054 - PCI

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management  
Resident Care and Support Services

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Food, Nutrition and Hydration  
Medication Management  
Residents' and Family Councils  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Quality Improvement  
Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the current version of the visitor policy, was

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posted in the LTCH.

### Rationale & Summary

While conducting a tour of the home during an inspection, Inspector #741726 observed that the current version of the visitor policy was not located on the board where the other mandatory policies were posted, or anywhere within the LTCH.

During an interview with Administrator #100 it was confirmed that the policy was not on the board or posted anywhere else in the home.

During an additional observation later on the same day, the visitor policy was observed to be posted on the information board.

By not ensuring that the current version of the visitor policy is posted, staff, visitors and residents may not be aware of the policy.

Sources: Separate observations during the inspection. Interview with Administrator #100 [741726]

## WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

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(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure that their written policy related to nutritional care and dietary services was complied with.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that their written policy related to nutritional care and dietary services is complied with. Specifically, staff did not comply with the Temperature Danger Zone Corrective Actions Procedure, Policy Number NC-FS-4.8, step one, Food temperatures will be taken and recorded on Production Sheets at 3 different stages.

### Rationale & Summary

During an observation of the lunch meal service, Inspector reviewed a clip board which included Kitchen Production Reports. The records were noted to include various food items for breakfast, lunch, and dinner on different dates and provided a column for temperatures of each item to be written down. There were 11 meal services reviewed with 44 food items where there were no temperature recordings.

During separate interviews with Cook #102 and Nutritional Care Manager / Environmental Care Manager (NCM/ECM) #103, it was confirmed that the process is for the cook to record temperatures for each dish at each dining service, on the production sheet when the food comes out of the oven, at point of service, and at the completion of the last meal being served. During the interviews, it was confirmed by Cook #102 and NCM/ECM #103 that the temperature records reviewed, did not have all temperatures listed, confirming the procedure was not followed according to policy.

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When the written procedure in relation to food temperatures at point of service is not complied with, residents are at risk of illness or injury.

Sources: Temperature Danger Zone Corrective Actions Policy #NC-FS-4.8, Kitchen Production Reports , interviews with Cook#102 and NCM/ECM #103 [741726