

**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**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700, rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du rapport public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 30, 2021	2021_891649_0014	002201-21	Complaint

---

**Licensee/Titulaire de permis**

Schlegel Villages Inc.  
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

---

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

Maynard Nursing Home  
28 Halton Street Toronto ON M6J 1R3

---

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

JULIEANN HING (649)

---

**Inspection Summary/Résumé de l'inspection**

---

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): June 22, 23, 24, 25, 28, 29, 30, off-site July 2, July 5, 6, and off-site July 7, 2021.**

**The following complaint intake was completed during this inspection:  
Log #002201-21 related to end of life care, pain management, and falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with the Director of Nursing Care (DNC), Registered Nurse (RN), Registered Dietitian (RD), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and family members.**

**During the course of the inspection the inspector observed staff to resident interactions, reviewed residents' clinical records, and staffing schedules.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
Pain**

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

**2 WN(s)**

**2 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>Légende</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. 48. Required programs**

**Specifically failed to comply with the following:**

**s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:**

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a pain management program was developed and implemented in the home to identify pain for one resident and to manage the pain.

A complaint was reported to the Ministry of Long-Term Care (MLTC) related to an allegation that a resident's pain was not well managed during an identified medical condition.

Record review indicated that the resident was ordered an identified medication for pain management. Further review indicated on identified dates when the resident was identified with pain it was not managed.

Registered Practical Nurses (RPNs) who worked with the resident during this period, all acknowledged that pain medication was not administered to the resident when pain was identified.

Documentation of pain assessments were reviewed with the Director of Nursing Care (DNC), and they acknowledged that pain medication was not administered. The DNC confirmed that the resident's pain was not properly managed during the above mentioned dates.

Sources: resident's health records, and interview with RPNs and other staff. [s. 48. (1) 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 to ensure that the following interdisciplinary program is developed and implemented in the home: A pain management program to identify pain in residents and manage pain, to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident who was exhibiting altered skin integrity, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A complaint was reported to the Ministry of Long-Term Care (MLTC) related to the frequency of a resident's falls and the lack of interventions.

Record review indicated that the resident sustained a fall that resulted in an area of altered skin integrity. No skin assessment was completed when the resident was identified with an area of altered skin integrity.

The RPN confirmed that no skin assessment was completed for the resident's altered skin integrity by a member of the registered nursing staff using a clinically appropriate assessment instrument. This concern was brought to the DNC's attention and they told the inspector that with regards to the home's policy any altered skin integrity required an assessment by the registered staff.

Sources: resident's health records, and interview with RPN and other staff. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that a resident who was exhibiting altered skin integrity, was assessed by a registered dietitian who was a member of the staff of the home.

Record review indicated that the resident sustained a fall that resulted in an area of altered skin integrity. No referral was made to the Registered Dietitian (RD) related to this area of altered skin integrity therefore the resident was not assessed.

The RPN and RD both confirmed that no referral was sent to the RD, therefore the resident's altered skin integrity was not assessed. This concern was brought to the DNC's attention and they advised that any new altered skin integrity required an RD assessment and that registered staff were expected to send a referral to the RD.

Sources: resident's health records, and interview with RPN, RD, and other staff. [s. 50. (2) (b) (iii)]

***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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, and is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, to be implemented voluntarily.***

---

**Issued on this 5th day of August, 2021**

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

**Original report signed by the inspector.**