

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: June 10, 2025

Inspection Number: 2025-1600-0004

Inspection Type:

Critical Incident

Licensee: The Regional Municipality of York

Long Term Care Home and City: York Region Maple Health Centre, Maple

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 5 - 6, 9 - 10, 2025

The following intake(s) were inspected:

- An intake related to a fall.

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

Infection Prevention and Control
Safe and Secure Home
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Falls prevention and management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (1)

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Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee failed to ensure that the strategies to reduce or mitigate falls for resident were implemented.

In accordance with O. Reg 246/22, s. 11 (1) (b), the home's "Falls Prevention and Management Program" indicated that the plan of care interventions are to be followed.

Specifically, the licensee is required to ensure that there are strategies to reduce or mitigate falls and that they are complied with.

Resident's care plan outlined a fall intervention to reduce or mitigate falls. During an observation it was noted that the intervention was not implemented as per the care plan.

Sources: Resident's care plan and progress notes, interviews with Assistant Director of Care (ADOC), and Policy - Falls Prevention and Management Program Responsibilities.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

Skin and wound care

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- s. 55 (2) Every licensee of a long-term care home shall ensure that,
- (a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)
 - (ii) upon any return of the resident from hospital, and

The licensee has failed to ensure that resident received a skin assessment upon return from the hospital. Resident had a fall and went to the hospital. There was no documented skin assessment upon return from the hospital. The Assistant Director of Care (ADOC) acknowledged that an assessment should have been completed by staff.

Sources: Resident clinical records, and interviews with Assistant Director of Care.

WRITTEN NOTIFICATION: Pain management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

The licensee has failed to comply with the home's pain management program for resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the pain management program are complied with.

Specifically, the home's "Pain Management Program" instructs that the resident be

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assessed and reassessed for pain using a comprehensive pain assessment. Alternative tools should be utilized for residents who are unable to communicate effectively.

A pain assessment was not completed for a resident after the fall. Resident's Cognitive Performance Scale (CPS) indicating moderate impairment. The ADOC acknowledged that the pain assessment should have been completed after each fall.

Sources: Resident's clinical records, and interviews with Assistant Director of Care, and Pain Management Program Overview.

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