

Original Public Report

Report Issue Date October 17, 2022

Inspection Number 2022_1259_0001

Inspection Type

- Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee

Maplewood Nursing Home Limited

Long-Term Care Home and City

Cedarwood Village, Simcoe

Lead Inspector

Yvonne Walton (169)

Inspector Digital Signature

Additional Inspector(s)

Dusty Stevenson (740739)



INSPECTION SUMMARY

The inspection occurred on the following date(s): August 23, 24, 25, 26, 29, 30, 31, and September 1, 2, 6, 7, 8, 9, 2022

The following intake(s) were inspected:

- Intake # 012991-21) related to physical abuse from resident to resident
- Intake # 019370-21 (Complaints) related to resident concerns regarding resident to resident physical abuse
- Intake # 006041-22 () related to physical abuse from resident to resident
- Intake # 017146-22 (Complaint) related to concerns regarding continence care and bowel management supplies

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

- Continenence Care
- Falls Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Resident Charges and Trust Accounts
- Residents' and Family Councils

- Responsive Behaviours
- Safe and Secure Home

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable.

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)

O. Reg. 246/22 56(2)(h)(iii)

An incontinence product was not provided to a resident to provide them with comfort, therefore the resident was buying them themselves. During the inspection, the product was provided to the resident and was therefore remedied.

Date Remedy Implemented: September 8, 2022.

[Inspector ID#169]

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

O. Reg. 246/22 s. 96 (2) (b)

There was a piece of electronic equipment used for a resident with responsive behaviours that was not in good working order that resulted in minimal risk to residents. This was repaired during the inspection and was therefore remedied.

Date Remedy Implemented: September 11, 2022.

[Inspector ID #169]

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

O Reg 246/22 s. 96 (2) b

The thermometer used by the nursing staff to check air temperatures was not in good working order.

On August 31, 2022, the documentation of the air temperatures for the month of August 2022 was reviewed. There were several days that identified temperatures were below 22 degrees Celsius. Interview with the residents where their room temperatures were below was completed and all the residents stated it was not a concern and they were always comfortable. It was confirmed with the Mechanical staff that the thermometer was not in good working order. During the inspection, the thermometer was replaced with an electronic gun style and the temperatures were all noted to be above 22 degrees Celsius.

This was remedied on September 7, 2022.

Inspector #169

WRITTEN NOTIFICATION [O REG 246/22 S. 102 (2) (B)]

NC#004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 102 (2) (b)

The licensee failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes was implemented.

Rationale and Summary

The IPAC Standard for Long-Term Care Homes, under section, 10 - Hand Hygiene Program, the licensee needed to ensure that there was support for residents to perform hand hygiene prior to receiving their meals.

In August, 2022, Inspector # 740739 observed lunch service. Staff were observed to not sanitize or assist all residents to perform hand hygiene prior to receiving their meals.

The IPAC lead indicated that the home followed Just Clean Your Hands program and that it was the expectation that staff sanitize or assist the residents to sanitize hands prior to receiving meals.

Three residents confirmed that hand hygiene was either not completed or not completed on a regular basis prior to meals.

Failure to provide hand hygiene for residents prior to meals may have increased the risk of spread of infections.

Sources: Observation of lunch service, interview with residents, interview with IPAC Lead.

[Inspector # 740739]