

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: June 26, 2023	
Inspection Number: 2023-1259-0005	
Inspection Type: Complaint Critical Incident System	
Licensee: Maplewood Nursing Home Limited	
Long Term Care Home and City: Cedarwood Village, Simcoe	
Lead Inspector Debbie Warpula (577)	Inspector Digital Signature
Additional Inspector(s) Leah Carrier (000748) Brandy MacEachern (000752)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): June 13, 14, 15, 16, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00084857 - Fall of a resident resulting in injury; • Intake: #00086148 - Fall of a resident resulting in injury; • Intake: #00086810 - Complaint regarding alleged resident neglect; • Intake: #00086971 - Alleged improper transfer of a resident • The following intakes were completed during the CIS inspection: Intake #00087505, related to resident-to-resident responsive behavior; and Intake #00087896 related to alleged staff to resident abuse.
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The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Food, Nutrition and Hydration

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Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Nutrition and Hydration

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

Non-compliance with: FLTCA, 2021 s. 6 (7)

The licensee has failed to ensure that the nutritional interventions in the plan of care was provided to a resident as specified in the plan.

Rationale and Summary:

A review of the physician orders indicated a specific nutritional intervention had been ordered.

A record review of the resident's clinical records indicated that the specified nourishment had not been initiated. Their most recent nutritional assessment identified the resident as a particular risk.

During an interview with the RD, together with Inspector #577, reviewed the resident's clinical records and they confirmed that there was not a record for a specified nourishment implemented. They advised that nursing staff should have initiated a referral to the RD.

In an interview with the Administrator they advised that an RD referral should have been initiated for a specified nourishment and the RD was responsible to have reviewed the physician orders, as part of the plan of care.

Not implementing the resident's order for a specified nourishment put the resident at nutritional risk as they were assessed as a particular risk.

Sources: review of the resident's care plan, the home's policy "Care Plan and Plan of Care" and "Oral Nutrition Supplements", physician orders, RD referrals, nutritional assessments, and

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interviews with staff.

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WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: FLTCA, 2021 s. 26 (1) c

The licensee has failed to ensure that a written complaint concerning the care of a resident or operations of the home was immediately forwarded to the Director.

Rationale and Summary:

A complaint was received by the Director from a resident's family member related to alleged neglect of a resident.

During an interview with the Director of Care (DOC), they provided Inspector #577 with a copy of written concerns from a resident's Power of Attorney (POA). They advised that they had not forwarded the written complaint to the Director.

Sources: review of complaint, review of written concerns from the complainant to the DOC and Administrator, review of "Policy Statement - Internal Complaints Procedure", interviews with staff.

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WRITTEN NOTIFICATION: Staff Orientation to Mechanical Lifts and Assistive Aids

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

Non-compliance with: O. Reg. 246/22, s. 259 (1) 2.

The licensee has failed to ensure that a nursing staff member was trained in safe and correct use of equipment including mechanical lifts, and assistive aids that were relevant to the staff member's responsibilities.

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Rational and Summary:

A CIS report was received by the Director concerning alleged improper transfer of a resident resulting in an injury.

During an interview with a staff member they advised Inspector #000752 that they had not received the home's training on the use of a specific apparatus and assistive aids. When education records for the staff member were requested from the Administrator, they indicated that there were no education records, as education was not completed.

There was a risk of injury to residents transferred with a specific apparatus or assistive aids, by a staff member who was not trained on the equipment.

Sources: staff interviews and education records.
[000752]

WRITTEN NOTIFICATION: Training on Abuse and Neglect Policy

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

Non-compliance with: FLTCA, 2021, s. 82 (2) 3

The licensee has failed to ensure that two staff members were trained on the long-term care home's policy to promote zero tolerance of abuse and neglect of residents, before performing their work responsibilities.

Rational and Summary:

During an interview with two staff members they advised Inspector #000752 that they had not received training on the home's abuse and neglect policy. When education records for the staff were requested from the Administrator, they said there were no education records, as it was not completed.

The home's abuse and neglect policy indicated that all new employees should be trained during orientation.

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There was risk that the policy to promote zero tolerance of abuse and neglect would not be followed, when staff were not trained on their roles and responsibilities outlined in the policy.

Sources: staff interviews, education records, “Abuse and Neglect” policy.

[000752]

WRITTEN NOTIFICATION: Training on Fire Prevention and safety

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 7

The licensee has failed to ensure that two staff members were trained on fire prevention and safety, before performing their work responsibilities.

Rational and Summary:

During an interview with two staff members they advised Inspector #000752 that they had not received training on fire prevention and safety, before starting their work responsibilities. When education records for the staff were requested from the Administrator, they said there were no education records, as education was not completed.

There was a safety risk to residents in the event of a fire when staff members were not trained in fire prevention and safety and would not know the homes procedures to keep residents safe.

Sources: staff interviews and education records.

[000752]

WRITTEN NOTIFICATION: Training on Emergency and Evacuation

Procedures

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 8

The licensee has failed to ensure that two staff members were trained on emergency and evacuation procedures, before performing their work responsibilities.

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Rational and Summary:

During an interview with two staff members they advised Inspector #000752 that they had not received training on emergency and evacuation procedures, before starting their work responsibilities. When education records for the staff were requested from the Administrator they said there were no education records, as education was not completed.

There was a risk that staff who were not trained on the emergency and evacuation procedures, would not know their role in an emergency or how to assist residents to safety in an evacuation.

Sources: staff interviews and education records.

[000752]

WRITTEN NOTIFICATION: Training on Infection Prevention and Control

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 9

The licensee has failed to ensure that two staff members were trained on infection prevention and control, before performing their work responsibilities.

Rational and Summary:

During an interview with two staff members they advised Inspector #000752 that they had not received training on infection prevention and control, before starting their work responsibilities. When education records for the staff were requested from the Administrator, they said there were no education records, as education was not completed.

There was a risk of spread of infection when staff were not trained on the procedures to prevention and control infection.

Sources: staff interviews and education records.

[000752]

WRITTEN NOTIFICATION: Reporting and Complaints

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 108 (1) 1

The licensee has failed to ensure that a response was provided within 10 business days of the receipt of the complaint concerning a written complaint made to the DOC and Administrator concerning the care of a resident, and where the complaint alleged harm or risk of harm to the resident, the investigation was commenced immediately.

Rationale and Summary:

During an interview with the DOC, they provided Inspector #577 a copy of written concerns from a family member.

During an interview with the resident's family member, they advised that there was not a follow up meeting or response given.

During an interview with the DOC, they advised that a response was not provided to the complainant.

The home failed to provide a response to the complainant regarding alleged neglect.

Sources: review of complaint, review of written concerns from the complainant to the DOC and Administrator, review of "Policy Statement - Internal Complaints Procedure", interviews with staff.

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WRITTEN NOTIFICATION: Reporting and Complaints

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (c)

The licensee has failed to ensure that a documented record was kept in the home concerning written concerns regarding the care of a resident; including the type of action taken to resolve the complaint, the date of the action, and time frames for actions to be taken, and any follow up action required.

Rationale and Summary:

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During an interview with the DOC, they provided Inspector #577 a copy of written concerns from a resident's family member.

During an interview with the Administrator, they advised that there was not a written document that included the type of action taken to resolve the complaint, including the date of the action, times frames for actions to be taken and any follow up action required.

The home's failure to keep a documented record of the complaints received pose a risk of the issues related to residents not being dealt with and resolved promptly.

Sources: review of complaint, review of written concerns from the complainant to the DOC and Administrator, review of "Policy Statement - Internal Complaints Procedure", interviews with staff.

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WRITTEN NOTIFICATION: Reporting and Complaints

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (d)

The licensee has failed to ensure that a documented record was kept in the home concerning written concerns regarding the care of a resident, including the final resolution, if any.

Rationale and Summary:

During an interview with the DOC, they provided Inspector #577 a copy of written concerns from a resident's family member.

During an interview with the Administrator, they advised that there was not a written document that included the final resolution.

The home's failure to keep a documented record of the complaints received pose a risk of the issues related to residents not being dealt with and resolved promptly.

Sources: review of complaint, review of written concerns from the complainant to the DOC and Administrator, review of "Policy Statement - Internal Complaints Procedure", interviews with

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WRITTEN NOTIFICATION: Reporting and Complaints

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (3) (a)

The licensee has failed to ensure the documented record of complaints received was reviewed and analyzed for trends, at least quarterly.

Rationale and Summary:

Inspector #577 requested the home's review of their complaints received for analysis and trends.

The Administrator stated that Continuous Quality Improvement (CQI) met monthly and as part of the meeting, they reviewed complaints and Critical Incidents reports but were unable to provide a record which indicated a review and analyzation for trends.

The home failed to monitor the resolution of concerns/complaints and failed to identify trends and opportunities for quality improvement.

Sources: review of "Policy Statement - Internal Complaints Procedure", interview with the Administrator.

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WRITTEN NOTIFICATION: Reporting and Complaints

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (3) (b)

The licensee has failed to ensure the documented record of complaints received included results of the review and analysis taken into account in determining what improvements were required in the home.

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Rationale and Summary:

Inspector #577 requested the home's review of their complaints received for review and analysis taken into account in determining what improvements were required in the home.

The Administrator stated that Continuous Quality Improvement (CQI) met monthly and as part of the meeting, they reviewed complaints and Critical Incidents reports but were unable to provide a record which indicated the results of the review and analysis to determine what improvements were required in the home.

The home failed to monitor the review and analysis of complaints and identify improvements required in the home.

Sources: review of "Policy Statement - Internal Complaints Procedure", interview with the Administrator.

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WRITTEN NOTIFICATION: Reporting and Complaints

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (3) (c)

The licensee has failed to ensure the documented record of complaints received included a written record of each review and improvements made in response.

Rationale and Summary:

Inspector #577 requested the home's review of their complaints received for review and improvements made in the home.

The Administrator stated that Continuous Quality Improvement (CQI) met monthly and as part of the meeting, they reviewed complaints and Critical Incidents reports but were unable to provide a record of each review and improvements made.

The home failed to review and provide a record of each review and improvements made.



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

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Sources: review of "Policy Statement - Internal Complaints Procedure", interview with the Administrator.

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