

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

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
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Bureau régional de services de Centre
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1e étage, 609 rue Kumpf
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Téléphone: (888) 432-7901
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 28, 2021	2021_800532_0018	011102-21, 012803- 21, 013092-21, 014830-21	Critical Incident System

Licensee/Titulaire de permis

2063415 Ontario Limited as General Partner of 2063415 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Maple Grove Care Community
215 Sunny Meadow Boulevard Brampton ON L6R 3B5

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

NUZHAT UDDIN (532), KATHERINE ADAMSKI (753)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): October 7,8, and 12-21, 2021.

The following intakes were completed during this Critical Incident System inspection.

Log #011102-21, related to a fall.

Log #012803-21, related to a improper transfer.

Log #013092-21, related to abuse.

Log #014830-21, related to neglect.

Complaint inspection #2021_800532_0019 was completed concurrently.

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care (DOC), Assistant Director of Care(s) (ADOCs), Infection Prevention and Control (IPAC) Lead, Physician, Physiotherapist (PT), Occupational Therapist (OT), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeper, residents and family member.

The inspectors also toured resident home areas, observed resident care provision, dining, medication administration, IPAC practices, resident to staff interaction and reviewed relevant residents' clinical records.

The following Inspection Protocols were used during this inspection:

Continance Care and Bowel Management

Falls Prevention

Hospitalization and Change in Condition

Infection Prevention and Control

Prevention of Abuse, Neglect and Retaliation

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

3 WN(s)

2 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of
incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

**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**

1. The licensee failed to ensure that residents were provided with a range of continence products based on their assessed needs, that properly fit them, promoted good skin integrity, and were appropriate for their individualized type of incontinence.

Three identified residents were found incontinent of urine.

a) A resident required an incontinent product and was found wearing a different product which was soaked through onto their clothing and bed sheets.

b) A resident required an incontinent product; however, the resident was found double briefed.

As a result of this incident, the resident was found soaked through their briefs and had altered skin integrity.

c) A resident required a specific incontinent product; however, the resident was also found double briefed soaked through to their clothes.

A PSW stated that they had reported to management previous incidents of residents being double briefed and knew of staff who provided care in this manner prior to this incident.

All three residents were not provided with a range of continence products based on their assessed needs, that properly fit them, promoted good skin integrity, and were appropriate for their individualized type of incontinence.

Sources: Critical Incident Report (CIS), interview with ADOC and other staff, the homes investigative notes, electronic medical charting for resident including kardex, care plan, and progress notes.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that residents received care as per their plan of care related to continence care.

a) A resident was at risk of falling and required two staff total assistance with continence care.

b) A Resident was at risk of falling, had a history of responsive behaviors, and required two staff extensive assistance with care including continence care.

Both residents were provided continence care by one personal support worker (PSW) on two separate occasions.

When staff provided care to the residents without the assistance of a second staff member, this put both residents at risk of an injury.

Sources: Interviews with the ADOC and other staff, electronic medical charts for resident including care plan, kardex, progress notes, point of care response history documentation, documentation survey reports, the home's investigative notes.

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

**Inspection Report under
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1. The licensee failed to ensure that staff participated in the home's Infection Prevention and Control (IPCA) program.

The home's Infection Control Policy - Hand Hygiene policy stated that Personal Support Workers/Resident Care Aides and recreation staff were to wash residents' hands before and after eating.

Observations and interviews conducted between October 14 -19, 2021, showed the following:

a) Residents were assisted into the dining room by staff who did not remind, encourage, or assist the residents in performing hand hygiene.

Residents were also observed in other home areas where staff did not assist the residents in performing hand hygiene. Some residents walked independently into the dining room; however, they were not assisted or reminded to perform hand hygiene by staff.

Two residents stated that staff did not assist with hand hygiene in the dining room.

b) A Registered Practical Nurse (RPN) was conducting a medication pass. The RPN placed the medication in their hand before placing it on a paper towel. They did not wash their hands after they had administered the medication to the resident. The staff member continued with their other responsibilities.

The home's IPAC Lead stated that they had also noticed that staff sometimes did not assist residents with hand hygiene before and after eating. They also confirmed that the registered staff should not have placed the medication in their hand as it was not hygienic.

The breach of infection prevention and control practices increased the risk of infectious disease transmission throughout the home.

Sources: Observations, policy review, interview with IPAC lead 2, resident interviews, and Ontario evidence-based hand hygiene (HH) program, "Just Clean Your Hands" (JCYH).

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 shall ensure that all staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 29th day of October, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : NUZHAT UDDIN (532), KATHERINE ADAMSKI (753)

Inspection No. /

No de l'inspection : 2021_800532_0018

Log No. /

No de registre : 011102-21, 012803-21, 013092-21, 014830-21

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Oct 28, 2021

Licensee /

Titulaire de permis : 2063415 Ontario Limited as General Partner of 2063415
Investment LP
302 Town Centre Blvd., Suite 300, Markham, ON,
L3R-0E8

LTC Home /

Foyer de SLD : Maple Grove Care Community
215 Sunny Meadow Boulevard, Brampton, ON, L6R-3B5

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Amy Wilkinson

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

To 2063415 Ontario Limited as General Partner of 2063415 Investment LP, you are
hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Order / Ordre :

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

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foyers de soins de longue durée*, L.O.
2007, chap. 8

The licensee must be compliant with s. 51. (2). O. Reg 79/10.

Specifically, the licensee must:

- 1) Ensure that identified residents are provided with a range of continence products based on their assessed needs, that properly fit them, promote good skin integrity, and are appropriate for their type of incontinence.
- 2) Complete a weekly audit for three months to ensure that Identified residents and all other residents in the home are provided with the appropriate continence product based on their assessed needs. The audit must include the name of the person completing the audit, the date the audit was completed, the results of the audit and actions taken with regards to the audit results. The audit must be kept in the home.

Grounds / Motifs :

1. The licensee failed to ensure that residents were provided with a range of continence products based on their assessed needs, that properly fit them, promoted good skin integrity, and were appropriate for their individualize type of incontinence.

Three identified residents were found incontinent of urine.

a) A resident required an incontinent product and was found wearing a different product which was soaked through onto their clothing and bed sheets. (753)

2. A resident required an incontinent product; however, the resident was found double briefed.

As a result of this incident, the resident was found soaked through their briefs and had altered skin integrity.

(753)

3. A resident required a specific incontinent product; however, the resident was also found double briefed soaked through to their clothes.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

A PSW stated that they had reported to management previous incidents of residents being double briefed and knew of staff who provided care in this manner prior to this incident.

All three residents were not provided with a range of continence products based on their assessed needs, that properly fit them, promoted good skin integrity, and were appropriate for their individualize type of incontinence.

Sources: Critical Incident Report, interview with ADOC and other staff, the homes investigative notes, electronic medical charting for residents including kardex, care plan, and progress notes.

An order was made by taking the following factors into account:

Severity: Not ensuring that the residents were provided with a continence product based on their assessed needs, that properly fit them, promoted good skin integrity, and were appropriate for their individualize type of incontinence resulted in risk of harm.

Scope: The scope of this non-compliance was widespread as three out of three residents were not provided with the continence products based on their assessed needs.

Compliance History: Written Notifications (WN) and Voluntary Plans of Correction (VPC) and Compliance Orders (CO) were issued to the home related to same subsection of the legislation in the past 36 months. (753)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Nov 19, 2021

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 28th day of October, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Nuzhat Uddin

Service Area Office /

Bureau régional de services : Central West Service Area Office