

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: July 5, 2024	
Inspection Number: 2024-1016-0004	
Inspection Type: Complaint	
Licensee: CVH (No. 2) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)	
Long Term Care Home and City: Maitland Manor, Goderich	
Lead Inspector Megan Brodhagen (000738)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 13 - 14, 18 - 20, and 24 - 26, 2024

The following intake was inspected in this Complaint inspection:

- Intake: #00111351 was related to multiple care concerns

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Food, Nutrition and Hydration

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Infection Prevention and Control
Responsive Behaviours
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of care set out in the plan of care for a resident was documented.

Rationale and Summary

The provision of care set out in the plan of care was reviewed for a specific resident. It showed that over a four month period there was incomplete documentation.

By not documenting the provision of care as set out in the plan of care for a specific resident, the home may have been unable to effectively monitor and evaluate the care the resident received.

Sources: A resident's clinical records, and interview with the Director of Care.
[000738]

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WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee has failed to ensure that the home, furnishings, and equipment, specifically a resident's commode and toilet were kept clean and sanitary.

Rationale and Summary

A complaint was submitted to the Ministry of Long-Term Care alleging the toilet in a resident's room was visibly soiled on a regular basis. During the inspection, the commode over the toilet in a resident's room was observed visibly soiled on two separate dates.

A housekeeper stated that Personal Support Workers (PSW's) were responsible for cleaning visibly soiled toilets or commodes in between resident use and in between housekeeping cleaning.

A PSW confirmed that it was a PSW's responsibility to ensure a resident's toilet or commode was clean and not visibly soiled in between resident use.

When the licensee failed to ensure that the resident's commode and toilet was kept clean and sanitary, their right to live in a clean environment was not promoted.

Sources: Observations of a resident room, and interviews with staff. [000738]

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WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

The licensee has failed to ensure that written strategies to respond to responsive behaviours were implemented.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the home's Code White – Violent Situation Policy was complied with.

As per the home's Code White – Violent Situation Policy, Policy number EP-07-01-01, last reviewed January 2024, staff are to announce or designate a staff member to announce three times "Code White – location – stay away from location", when additional staff are needed to help in an escalating situation.

Rationale and Summary

On a day in March 2024, a resident was noted by staff to be agitated. They were observed throwing objects, entering co-residents' rooms, and using items as weapons. Staff used de-escalation techniques as per the care plan but were unable to reduce the resident's agitation. The resident's agitation lasted for approximately an hour and a half before emergency services arrived at the home. During this time period, a code white was not initiated.

BSO Lead stated that the home's policy directs staff to call a code white in an

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escalating situation where residents may be at risk. They confirmed that this was not done.

Failure to initiate a code white when a resident exhibited escalating responsive behaviours could place the resident, and others, at increased risk of injury or harm.

Sources: A resident's clinical records, the home's Code White – Violent Situation Policy (Policy number EP-07-01-01. Last reviewed January 2024), and an interview with staff. [000738]