

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: August 19, 2024	
Inspection Number: 2024-1028-0003	
Inspection Type: Complaint Critical Incident	
Licensee: Maplewood Nursing Home Limited	
Long Term Care Home and City: Maple Manor Nursing Home, Tillsonburg	

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: August 12, 13, 14, and August 15, 2024
The inspection occurred offsite on the following date: August 14, 2024

The following intake(s) were inspected:

- Intake: #00113086 – CIS# 1049-000007-24 related to Prevention of Abuse and Neglect.
- Intake: #00113179 – Complaint related to Prevention of Abuse and Neglect of a resident.
- Intake: #00114377 – CIS# 1049-000008-24 – related to Medication Management.
- Intake: #00115688 – CIS# 1049-000011-24 – related to Medication Management.
- Intake: #00116750 – CIS# 1049-000013-24 related to Prevention of Abuse and Neglect

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- Intake: #00120582 – CIS #1049-000020-24 related to Falls Prevention and Management.
- Intake: #00122680 – Complaint related to Prevention of Abuse and Neglect.

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

Contenance Care
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

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 (7)

Plan of care

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.

The licensee has failed to ensure that a resident's care set out in the plan of care was provided to the resident as specified in the plan.

Rationale and Summary:

A Critical Incident System (CIS) was submitted to the Director related to a medical event that a resident experienced, for which they required medical services.

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The resident's plan of care noted that as part of their medical care management, they required regular medical monitoring and management of their medical condition.

Review of the resident's Electronic Treatment Administration (eTAR) noted that the medical monitoring was not completed as required. The resident's progress notes indicated that the resident had a medical event, which required additional medical services for the resident.

In an interview, Director of Care (DOC) acknowledged that the resident's medical monitoring was not completed as required.

There was risk to the resident when the medical monitoring was not completed as per their plan of care, and the resident required additional medical services.

Sources: Review of resident's clinical records, observations of the resident, and interview with DOC. [733564]

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) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to complete weekly skin and wound assessments for a resident.

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Rationale and Summary

A resident was identified as having had multiple altered skin conditions. On review of the altered skin integrity assessments, it was noted that the resident had assessments and reassessments that had not been completed.

During an interview with a Registered Nurse (RN), they indicated that residents exhibiting altered skin integrity required weekly assessments.

Review of the home's policy titled; Skin Care and Wound Management Program, last revised July 2024, stated in part, "ensure the plan of care is established outlining interventions and treatments; the resident is reassessed weekly if indicated and the care plan is revised accordingly."

During an interview with the Director of Care (DOC) they indicated that the expectation would have been that registered staff complete an initial assessment of the altered skin integrity and then completed weekly assessments until healed.

Not completing weekly skin and wound assessments placed the resident at potential risk of deterioration of their altered skin integrity and delay in treatment changes if required.

Sources: Resident's clinical records, the home's policy and staff interviews. [725]

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

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Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

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

The licensee failed to ensure that a resident's individualized plan, as part of their plan of care, was implemented.

Rationale and Summary

A resident was admitted to the home. During their admission it was identified that they required a special aid. A care plan was created relating to their special aid. However, no physician orders were obtained relating to the maintenance of the special aid. Review of the Electronic Treatment Administration Records (ETAR) had shown no orders were imputed until a later date, after the resident received a special aid replacement.

During an interview with the admitting nurse Registered Nurse (RN), they confirmed the orders were missed. The Director of Care (DOC) indicated the expectation would have been that staff receive an order on admission and that it is entered into the resident's treatment record.

Not ensuring that the plan of care relating to the special aid was implemented placed the resident at risk for complications and infection.

Sources: Resident's clinical records and staff interviews. [725]

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COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically the licensee must;

A. Review and revise as necessary, its policy, procedure or process for completing infection monitoring for residents with suspected and confirmed infections. Keep a written record of this review, who participated, the date it occurred, and any changes made.

B. Identify all staff responsible for completing the infection monitoring process and their roles.

C. Educate all staff who were identified as responsible for completing the infection monitoring process on the home's revised policy.

D. Maintain a written record of the education provided, how it was provided and when.

Grounds

The licensee failed to ensure that symptoms indicating the presences of infection were monitored every shift for a resident.

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Rationale and Summary

During record review it was noted in a progress notes that a resident was displaying symptoms of infection. Registered staff phoned the physician and received an order for medical treatment. Further review of the record had shown that no infection monitoring had taken place.

During an interview with a Registered Nurse (RN) they indicated that infection monitoring should occur at least twice daily.

Review of the home's infection control policies, did not provide clear direction on the frequency of infection monitoring.

During an interview with the Director of Care (DOC) they indicated the expectation would have been that registered staff document in the progress notes the concern and the following shifts would have followed up until the concern was resolved and that infection monitoring had not been completed and should have been.

Not monitoring for infection symptoms every shift could potentially delay detection of worsening symptoms and delay treatment changes for the resident posing a moderate risk.

Sources: Resident clinical records, the home's policies and staff interviews. [725]

The licensee failed to ensure that symptoms indicating the presences of infection were monitored every shift for a resident.

Rationale and Summary

During a record review it was noted that the resident had positive findings of an

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infection. Medical treatment was ordered for the resident. During the course of the treatment, no infection monitoring was documented.

During an interview with two Registered Nurses (RN), both had indicated infection monitoring should occur and be documented within the progress notes, however both had indicated different frequencies in time.

Review of the Home's infection monitoring policies had not provided for direction on infection monitoring.

During an interview with the Director of Care (DOC), they had indicated that the expectation would have been that the registered staff completed infection monitoring each shift for the duration of the suspected or confirmed infection and had documented within the progress notes.

Not completing infection monitoring every shift placed the resident at risk for delay in treatment relating to undetected worsening of infection symptoms.

Sources: Resident clinical records, the home's policies and staff interviews. [725]

This order must be complied with by October 16, 2024

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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