

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

Public Report

Report Issue Date: January 14, 2025

Inspection Number: 2025-1028-0001

Inspection Type:

Critical Incident
Follow up

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 date(s): January 7, 8, 9, 10, 13, 14, 2025

The inspection occurred offsite on the following date(s): January 8, 13, 14, 2025

The following intake(s) were inspected:

- Intake: #00131691/ CI 1049-000039-24 related to the unexpected death of a resident.
- Intake: #00131715/ CI 1049-000038-24 related to a fall of a resident.
- Intake: #00132385/ CI 1049-000041-24 related to an allegation of improper care of a resident.
- Intake: #00133578 -Follow-up #: 1 - CO #001/2024-1028-0005- FLTCA, 2021 - s. 24 (1) Duty to Protect CDD: December 20, 2024.
- Intake: #00133579 -Follow-up #: 1 -CO #003/2024-1028-0005- O. Reg. 246/22 - s. 55 (2) (b) (i) Skin and Wound Assessments CDD: January 3, 2025.
- Intake: #00133580 -Follow-up #: 1 -CO #002/2024-1028-0005- FLTCA, 2021 - s. 25 (1) Zero Tolerance of Abuse Policy CDD: January 3, 2025.
- Intake: #00136078/ CI 1049-000001-25 related to an outbreak.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1028-0005 related to FLTCA, 2021, s. 24 (1)

Order #003 from Inspection #2024-1028-0005 related to O. Reg. 246/22, s. 55 (2) (b) (i)

Order #002 from Inspection #2024-1028-0005 related to FLTCA, 2021, s. 25 (1)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Reporting and Complaints
- 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 the care set out in the plan of care for a resident was provided to the resident as specified in the plan.

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A resident fell and sustained pain when an incident occurred after staff did not follow the resident's plan of care.

Sources: Resident Assessment, progress notes and Care Plan.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that the Director was informed immediately of a suspicion of improper or incompetent care that resulted in harm to a resident. Staff failed to report an incident that resulted from staff not following the resident's plan of care.

Sources: Resident Assessment, progress notes, Care Plan and interviews with the Assistant Director of Care and Director of Care.

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WRITTEN NOTIFICATION: Infection prevention and control program

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

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented. Specifically, the licensee failed to ensure that staff appropriately selected, donned, and doffed Personal Protective Equipment (PPE) when entering a room where a resident was on additional precautions.

The home failed to ensure that section 9.1 b) of the IPAC Standard for Long-Term Care Homes April 2022, revised in September 2023 was met. Section 9.1 f) of the standard states "the licensee shall ensure that at minimum Additional Precautions Practices shall include: Additional PPE requirements including appropriate selection application, removal and disposal."

An inspector observed a staff member fail to don appropriate PPE upon entering a room where a resident was on isolation with additional precautions in place. In addition, the staff member failed to doff their PPE using the correct sequencing.

Sources: Observation, the home's policy titled "Standard Precautions for all Departments" (Reviewed 08-16-2024), and an interview with a Registered Nurse.

WRITTEN NOTIFICATION: Emergency Plans

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

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. vi.

Emergency plans

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s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,
 - vi. medical emergencies,

The licensee has failed to ensure that staff complied with the home's emergency medical plans.

In accordance with Ontario Regulation s. 11 (1) (b), the licensee is required to ensure that the plan developed for managing medical emergencies is complied with.

Specifically, staff responding to the a medical emergency for a resident failed to follow the home's emergency medical plans, as required.

Sources: Resident progress notes, home's investigation notes, Medical Emergency policy, DSM-011, (revised: June 5, 2024), and interviews with staff.

WRITTEN NOTIFICATION: Website

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

Non-compliance with: O. Reg. 246/22, s. 271 (1) (f)

Website

- s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
- (f) the current version of the emergency plans for the home as provided for in section 268;

The licensee has failed to ensure that the current versions of the home's emergency

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plans were available to the public on the home's website as required.

Sources: Home's website and interview with the Administrator.