Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 21, 2021	2021_704682_0021	016491-21, 016589-21	Complaint

Licensee/Titulaire de permis

1365853 Ontario Limited
3700 Billings Court Burlington ON L7N 3N6

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

Maple Park Lodge
6 Hagey Avenue Fort Erie ON L2A 5M5

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

AILEEN GRABA (682)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 1, 2, 3, 6, 7, 8, 9, 10, 13, 2021.

The following Complaint inspections were conducted:
016589-21 related to prevention of abuse, continence, personal support services and plan of care
016491-21 related to prevention of abuse

The following Critical Incident inspections were conducted concurrently:
011558-21 related to nutrition and hydration
011101-21 related to responsive behaviours and prevention of abuse
009242-21 related to personal support services
008507-21 related to falls prevention

PLEASE NOTE:
A Written Notification (WN) related to LTCHA S.O. 2007, s.6 (1) c was identified in a concurrent inspection 2021_704682_0022 and was issued in this report.

During the course of the inspection, the inspector(s) spoke with the Senior Administrator, Director of Care (DOC), Clinical Nurse Manager (CNM), Nursing Department Assistant, Universal Health Care Aides/Screeners, Registered Dietitian (RD), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Infection Prevention and Control (IPAC) lead, Niagara Region Public Health (NRPH) staff, Housekeeping and Residents.

During the course of this inspection, the inspector observed the provision of the care, IPAC practices and general cleanliness and condition of the home, reviewed relevant clinical health records, investigation notes, staffing schedules, meeting minutes, staff training records, program evaluations and policy and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care

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

2 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that where the Act and Regulation required the licensee of a long term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10, s. 48 (2), and in reference to O. Reg. 79/10, s. 30 (1) 1, the licensee was required to have written procedures that included methods to reduce risk and monitor outcomes.

Specifically, staff did not comply with the licensee's policy titled: "The Skin Care and Wound Care Program", which stated:
3. PSWs to assess skin integrity daily during activities such as dressing, toileting and bathing paying particular attention to bony prominences and vulnerable areas. PSWs shall report any altered skin integrity or skin related concerns to registered staff.

The Director of Care (DOC) assessed a resident and noted alteration in skin integrity. A review of the resident's clinical record did not include any previous documentation that the resident had any alterations in skin integrity.

The DOC stated that the alteration in skin integrity could have possibly been acquired at different times. The DOC also confirmed that the resident's altered skin integrity was not reported to registered staff prior to their assessment.

Because PSWs did not report the resident's altered skin integrity, registered staff could not perform an analysis/investigation or implement preventative measures to reduce risk of harm and re-occurrence.

Sources: Complaint, the licensee's investigation notes, resident electronic medical record, progress notes, Skin Care and Wound Care Program policy, Interviews with the DOC. [s. 8. (1)]

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 where the ACT and Regulation required the licensee of a long term care home to have, institute or otherwise put in place any plan, policy, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.

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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that there was a written plan of care related to communication abilities that sets out the planned care for the resident.

Two residents were admitted to the home and the care plan did not identify any goals or measures/ interventions to support the resident's communication abilities or needs.

The Director of Care (DOC) and Administrator stated that the care plan should be updated to reflect the resident care needs including their communication abilities. They also stated that registered staff documented in the treatment administration record (TAR) that they have collected resident's hearing aids in the evenings for those residents that required assistance. A review of the resident's care plan and TAR did not include any goals, interventions or documentation related to their communication needs. The Clinical Nurse Manager (CNM) confirmed that a written plan of care that set out the planned care

had not been developed and implemented to meet either resident's communication needs. By not developing a written plan of care that set out the planned care,the residents were at risk for not having their communication needs met.

Sources: Complaint, resident's care plan, progress notes, interviews with the Administrator, DOC, and CNM and other staff.

2. The licensee failed to ensure that the plan of care set out clear directions to staff and others who provided direct care to a resident related to fall prevention.

A resident was assessed at a fall risk and had a fall. The resident was transferred to hospital for further medical intervention. The resident's care plan and kardex identified the use of an intervention as a fall prevention strategy. Resident's bedside reference guide did not include the intervention. Observations of the resident did not include the intervention.

A Personal Support Worker (PSW) stated that the resident did not have the intervention to prevent falls. The PSW identified that the care plan, kardex and bedside reference guide were tools used by PSW staff to determine resident care needs. The CNM acknowledged that the plan of care did not set out clear directions to staff.

Because the plan of care for the resident did not provide clear direction related to falls prevention, the resident was at risk for staff not implementing appropriate fall prevention strategies.

Sources: Observations of resident, resident electronic medical records including post fall assessments and careplan, Interview with PSW, CNM and other staff. [s. 6. (1) (c)]

Issued on this 21st day of December, 2021

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

Original report signed by the inspector.