



Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Oct 5, 9, 10, 2012; 2012_192127_0001; 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

RICHARD HAYDEN (127)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with residents, the administrator, director of care, registered staff and non-registered staff regarding H-001832-12.

During the course of the inspection, the inspector(s) toured the home; tested the functionality of the resident-staff communication and response system and response times, reviewed laundry procedures and verified availability of towels and linens for resident use; and reviewed housekeeping procedures for deep cleaning residents' rooms.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee failed to ensure that the home is a safe and secure environment for its residents. The resident-staff communication and response system does not allow staff who respond to residents' requests for assistance to be notified of the requests when they occur.

On October 5 and 9, 2012, the inspector tested the resident-staff communication and response system. It provided sound alerts only in the nursing station areas. The sound alert was not audible in resident washrooms, resident bedrooms, shower/tub rooms, lounges, dining rooms or hallways (other than in the hallway near the nursing station).

The inspector spoke with three personal support workers (PSWs) who stated they do not carry a pager or telephone to be alerted to residents' requests for assistance (call bell activations) and that only nurses carry telephones. They stated that unless they are in or near the nursing station, they have to look up to see the illuminated bulb above the door for the room where the call bell was activated. If they are in a resident's room or tub room, then they would not know the call bell had been activated.

A registered practical nurse (RPN) stated that call bells go unanswered from 20 to 40 minutes, especially right after meals when residents go to the washroom.

A registered nurse (RN) stated the call bell system works well in Bluejay resident home area because it is a straight hallway. The staff can look down the hall and see which room has a call bell activated. He/She continued that staff in Cardinal and Robin resident home areas (RHAs) would have difficulty becoming aware of call bell activations because the halls are configured in a square. The RN stated he/she carried a phone at all times on shift and there was another for PSWs but it did not work and was out for repairs.

The director of care (DOC) confirmed that PSWs used to carry pagers but they have been broken, lost or malfunctioned over the last several years and are no longer used.

An identified resident stated he/she has to wait up to 20 minutes for staff to respond to the call bell. The resident stated he/she requires assistance to transfer to the toilet and 20 minutes was too long to wait to be transferred when they had an urgent need to use it. He/She said they transfer without staff assistance despite the risk and fear of falling. [s.5]



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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 with a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
Specifically failed to comply with the following subsections:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the home is maintained in a safe condition and in a good state of repair.

On October 9, 2012, the inspector observed a trip hazard in the hallways of two resident home areas - Bluejay and Robin Parkway. The flooring in the hallways was uneven and presented with broken floor tiles in several common and high traffic areas. The inspector counted more than 100 floor tiles in these resident home areas that were cracked, damaged and/or sunken and resulted in an uneven surface for residents. [s. 15.(2)(c)]

2. The licensee failed to ensure that the home and furnishings are kept clean and sanitary.

On October 5, 2012, the inspector toured the home and randomly entered thirty (30) resident bedrooms. Eighteen (18) resident rooms presented with accumulated dust on some or all of the following horizontal surfaces: resident-owned furniture, wardrobes, bed frames, cork boards, picture frames, light fixtures, windows, baseboards and floors. The dust was sufficiently thick in places that letters could be legibly written in it. Of these rooms, housekeeping records indicated that twelve had been deep-cleaned in the previous two-week period. "Facility Tour" sheets dated July 2012, and August 28, 2012, both indicated that resident rooms scored "Average - Needs Improvement" for cleaning.

On October 9, 2012, the inspector toured the home and observed that carpeting was heavily stained and/or heavily worn in both living rooms of Bluejay resident home area; one living room in Robin parkway resident home area; in the area near the 2nd floor elevator entrance; and at the 1st floor main entrance near the elevators and reception. [s. 15.(2)(a)]

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 with ensuring the home is kept clean and sanitary and the home is maintained in a safe condition and good state of repair, to be implemented voluntarily.

Issued on this 15th day of October, 2012



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

A handwritten signature in black ink, appearing to be "R. [unclear]".