

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: July 19, 2024

Inspection Number: 2024-1068-0002

Inspection Type:

Complaint
Critical Incident

Licensee: Better Life LTC Inc.

Long Term Care Home and City: Maple Villa Long Term Care Centre, Burlington

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 10 - 12, 15 - 16, 2024

The following intake(s) were inspected:

- Intake: #00112602 - Re: Falls Prevention and Management Program.
- Intake: #00114555 - Re: Falls Prevention and Management Program
- Intake: #00115358 - Re: Falls Prevention and Management Program.

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

Infection Prevention and Control
Falls Prevention and Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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 resident's falls prevention and management plan of care was provided to the resident as specified in their plan.

Rationale and Summary

A Resident's clinical records indicated they were a high risk for falls and was under the falling star program. The falling star program is included in the home's falls prevention and management program and required the resident to have a falling star logo above their bed to identify their high risk for falls and interventions.

During the inspection, there was no falling star logo observed in the resident's room above their bed and was acknowledged by the Administration Staff. The following day, the resident's room was observed with the falling star logo posted above their

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bed as indicated in their plan of care.

Sources: Observations, resident's clinical records, Falls Prevention and Management Program, last revised May 2021, and interview with staff. [740765]

Date Remedy Implemented: July 2024

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 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 failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes was implemented.

Rationale and Summary

As per 2.1 of the IPAC Standard, revised September 2023, the licensee was to ensure they conducted at a minimum, quarterly real-time audits of selection and donning and doffing of personal protective equipment (PPE) performed by staff of the home.

The Administration Staff acknowledged they only conducted PPE audits during outbreaks and did not have a process to conduct them routinely on a quarterly basis as required by the IPAC Lead job description.

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Failure to ensure that PPE audits were conducted quarterly posed a risk of not identifying and addressing potential transmissions of infection with the donning and doffing of PPE practices.

Sources: PPE audits, IPAC Standard for Long- Term Care Homes, revised September 2023, IPAC Lead Role and Responsibility Job Description, and interview with the Staff. [740765]