



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 13, 2015	2015_262523_0017	014829-15	Resident Quality Inspection

Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

THE MAPLES HOME FOR SENIORS
94 William Street South P.O. Box 400 Tavistock ON N0B 2R0

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

ALI NASSER (523), NANCY SINCLAIR (537), RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): July 6, 7, 8, 9, 10, 13 & 14, 2015

**The following Critical Incident inspection related to falls was conducted concurrently during this inspection:
Log # 013315-15/ 2093-000005-15**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing, Activation Manager, Hair Dresser, RAI Co-ordinator, five Registered Staff, eight Personal Support Workers (PSW), three Family Members, the Residents' Council President, a Family Council Member and 40 Residents.

The inspector(s) also conducted a tour of the home including resident and common areas, observed residents, resident/staff interactions, activities and care provided. Observed meal and snack services, infection prevention and control practices and medication pass & medication storage areas. Reviewed health records and plans of care for identified residents, reviewed relevant policies and procedures and observed general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Residents' Council
Skin and Wound Care**



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

4 WN(s)

2 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

Legendé

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. 17. Communication and response system

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents.

Observations during the RQI revealed that a common area in the home had no communication and response system.

This was confirmed by the Administrator, who also confirmed that the home's expectation was to have a communication and response system in the hair salon. [s. 17. (1) (e)]



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 the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin tears has been assessed by a Registered Dietitian who is a member of the staff of the home.

A clinical record review for resident # 011 revealed that the resident sustained a skin tear. A further review of the clinical record revealed that the resident was not assessed by a Registered Dietitian.

The Director of Nursing confirmed that the resident was not assessed by a Registered Dietitian. [s. 50. (2) (b) (iii)]

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 a resident exhibiting altered skin integrity, including skin tears has been assessed by a Registered Dietitian who is a member of the staff of the home, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :



1. The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimetres.

Observations during the initial tour of the home revealed that the windows in 3 rooms opened in excess of 15 centimetres.

This was confirmed by the Administrator.

The windows' opening was adjusted the next day so that windows can't be opened more than 15 centimetres. [s. 16.]

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary
assessment of the following with respect to the resident:**

**7. Physical functioning, and the type and level of assistance that is required
relating to activities of daily living, including hygiene and grooming. O. Reg. 79/10,
s. 26 (3).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care was based on, at a minimum, interdisciplinary assessment of the following with respect to the resident related to physical functioning, and the type and level of assistance that was required relating to activities of daily living.

Clinical record review for resident # 001 and staff interviews revealed that the resident's use of a mobility device was not documented in the care plan of the resident.

An interview with the Director of Nursing confirmed the expectation that there should be direction in resident #001's plan of care for staff regarding the use of the mobility device. [s. 26. (3) 7.]



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Issued on this 13th day of August, 2015

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

Original report signed by the inspector.