

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

Long-Term Care Homes Division Long-Term Care Inspections Branch

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Public Copy/Copie du public

Report Date(s) / Date(s) du apport

Inspection No / No de l'inspection

Log # / Registre no

Genre d'inspection

Type of Inspection /

Aug 25, 2016

2016_389601_0021

005072-16

Resident Quality Inspection

Licensee/Titulaire de permis

Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

MAPLEWOOD

12 MAPLEWOOD AVENUE BOX 249 BRIGHTON ON K0K 1H0

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

KARYN WOOD (601), BAIYE OROCK (624)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 22, 23, 24 and 25, 2016.

Complaint and Critical Incident included in the Resident Quality Inspection were:

Complaint log #004765-15 related to a resident denied admission to the home.

Critical incident log #023984-16 related to allegations of staff to resident abuse/neglect.

During the course of the inspection, the inspector(s) spoke with Residents, Family members, President of the Resident Council, the Administrator, Director of Care (DOC), Clinical Care/RAI Coordinator (CCC/RAI), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Food Service Manager and Maintenance Staff.

Also completed during the inspection, an initial walk through tour of all resident care areas, observed resident activities, staff to resident interaction with provision of resident care, infection control practices in the home, medication administration including medication storage areas, reviewed resident health care records and the licensee investigation documentation related to a critical incident.

The following Inspection Protocols were used during this inspection:
Admission and Discharge
Continence Care and Bowel Management
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation

Residents' Council



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

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

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.



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WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home Specifically failed to comply with the following:

- s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,
- (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).
- (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).
- (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants:



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1. Related to complaint log #004765-15:

The licensee has failed to comply with LTCHA, 2007, s. 44 (7) whereby an application for admission to the home was declined based on reasons that are not permitted in the legislation.

LTCHA, 2007, s. 44 (7) indicates a licensee shall approve an applicant's admission to the home unless,

- -the home lacks the physical facilities necessary to meet the applicant's care requirements,
- -the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements,

or

-circumstances exist which are provided for in the regulations as being a ground for with holding.

On an identified date, resident #023's application for admission to the home was declined. A discussion was held with the Administrator who indicated the DOC at the time of this application had indicated the staff lacked the nursing expertise to provide the required care

The Administrator and the Clinical Care Coordinator reviewed resident #023's application and indicated the home should have approved the application as the staff would have been able to address the care needs of the applicant. The Administrator indicated that resident #023's application had been withdrawn and was not sure where the resident was currently residing. [s. 44. (7)]



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Issued on this 26th day of August, 2016

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

Original report signed by the inspector.