

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: December 23, 2024

Inspection Number: 2024-1497-0009

Inspection Type:
Critical Incident

Licensee: Maxville Manor

Long Term Care Home and City: Maxville Manor, Maxville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 17-20, 23, 2024

The following intakes were inspected:

- Intake: #00130885 - 3000-000065-24- Resident to resident abuse
- Intake: #00131838 - IL-0133518-AH/3000-000067-24 - Resident to resident abuse
- Intake: #00133209 - 3000-000071-24 - Fall of resident resulting in change in condition.

The following intake was completed:

- Intake: #00133100 - 3000-000070-24- Fall of resident resulting in injury.

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
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: O. Reg. 246/22, s. 55 (1) 1.

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:

1. The provision of routine skin care to maintain skin integrity and prevent wounds.

The licensee has failed to ensure that the skin and wound care program provided for all required routine skin care to maintain skin integrity and prevent wounds. Specifically, the licensee failed to ensure their procedure for skin assessments, as part of the home's policy SWM 01-01 Skin and Wound Care Program, Skin and Wound Management, specified that residents at risk of skin impairment returning from hospital are to receive a skin assessment upon their return. The licensee's procedure for skin assessments stated that residents are to receive a head-to-toe skin assessment when a resident returns from a hospital admission of 24 hours or greater. Per Ontario Regulation 246/22 s. 55 (2) (a) (ii), residents at risk of skin impairment are to receive a skin assessment upon return from hospital. The Assistant Director of Care (ADOC) stated that residents do receive skin assessments upon return from hospital, but it is not documented as a head-to-toe skin assessment unless the resident has been in the hospital for greater than 24 hours.

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Sources:

Review of Policy SWM 01-01 Skin and Wound Care Program, Skin and Wound Management, last reviewed in April 2024 and revised in December 2024;
Interview with the ADOC.

The inspector reviewed policy SWM 01-01 Skin and Wound Care Program, Skin and Wound Management on December 20, 2024 and found the policy had been revised to state that residents are to receive a head-to-toe skin assessment upon any return from hospital.

Date Remedy Implemented: December 20, 2024

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WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the following was documented: the provision of care as set out in the plan of care for a resident. Specifically, the licensee failed to ensure that staff were documenting on the application of a resident's Personal Assistance Service Device as specified in the resident's care plan as a fall prevention measure.

Sources:

A resident's care plan and electronic chart;

Interviews with a Personal Support Worker and the ADOC.