

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 30, 2021	2021_891649_0013	026010-20, 002978- 21, 002979-21, 004303-21	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

Maynard Nursing Home
28 Halton Street Toronto ON M6J 1R3

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

JULIEANN HING (649)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 22, 23, 24, 25, 28, 29, 30, off-site July 2, July 5, 6, and off-site July 7, 2021.

The following Critical Incident System (CIS) intakes were completed during this CIS inspection:

Log #026010-21, CIS #2211-000031-20 related to falls prevention and management, and

Log #004303-21, CIS #2211-000005-21 related to administration of drugs.

The following Compliance Order (CO) follow-up intakes were completed during this CIS inspection:

Log #002978-21 related to prevention of abuse, and

Log #002979-21 related to reporting of suspected abuse to the Director.

During the course of the inspection, the inspector(s) spoke with the General Manager (GM), Director of Nursing Care (DNC), Environmental Services Manager (ESM), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeepers, and Screener.

During the course of the inspection the inspector observed staff to resident interactions, reviewed residents' clinical records, the home's temperature records, staffing schedules and observed Infection Prevention and Control Practices (IPAC).

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Medication

Prevention of Abuse, Neglect and Retaliation

Safe and Secure Home

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

- 3 WN(s)**
- 3 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2020_754764_0016		649
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #002	2020_754764_0016		649

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's hot weather illness prevention policy, and the home's medication policies and procedures were complied with.

O. Reg.79/10, s.20 (1.3) requires that the heat related illness prevention and management plan for the home should be implemented by the licensee every year from May 15 to September 15.

Specifically, staff did not comply with the home's hot weather illness prevention policy #01-06, related to measuring and recording of the humidex. The policy stated that the humidex will be recorded between May 1 and September 30 and/or when the outdoor humidex is above 30, and to increase the frequency of readings during hot weather alerts or when the indoor humidex is over 30. The policy further stated that the indoor humidex will be measured and recorded in the warmest non-air conditioned location in the home.

-Review of the home's temperature logs indicated that the humidex was never documented between the period of May 1 and June 21, 2021, in the warmest non-air conditioned location as per the home's policy. Additionally, the temperature was not consistently measured and recorded daily in non-air conditioned locations in the home.
-Further review indicated that there was no increase in the frequency of temperature readings during hot weather alerts, or when the indoor humidex was over 30, which was not being measured or recorded. According to the home's temperature logs there was only space to record the temperature once per day.

The Environmental Services Manager (ESM) and the General Manager (GM) both acknowledged that the home's policy was not complied with, and not in line with the legislation in terms of the frequency of temperature recordings.

Sources: review of the home's temperature logs for May 1 to June 21, 2021, for all locations, home's hot weather illness prevention policy #01-06, last review on October 19, 2020, and interviews with GM, and other staff. [s. 8. (1)]

2. O. Reg.79/10, s. 127 directs the licensee to ensure that a policy was developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern changes in the administration of a drug due to modifications of directions for use made by a prescriber, including temporary discontinuation.

Specifically, staff did not comply with the home's medication policy and procedure last updated June 2020, when transcribing a telephone order on an identified date, for a change in direction of a resident's medication. As a result, this led to the accidental discontinuation of the resident's medication.

Record review indicated that the resident was prescribed an identified medication with incremental dosage increases at specific time intervals. A medication order was received to stop the incremental increases, and continue with the medication at its current dose. The order was not clearly transcribed by the nurse according to the home's medication policy, which resulted in the discontinuation of the resident's medication. This transcription error was not identified through the home's safety checks, resulting in the resident not receiving this medication for 36 days.

This error was reported through the critical incident system (CIS) to the Ministry of Long-Term Care (MLTC). The Director of Nursing Care (DNC) acknowledged the gaps in the home's practice that led to the accidental discontinuation of the resident's medication.

Sources: review of resident's electronic medication administration records (e-MARs), home's medication policy and procedure last updated June 2020, interviews with the DNC, and other staff. [s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with,, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature
Specifically failed to comply with the following:**

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the temperature was measured and documented in writing, at a minimum in at least two resident bedrooms in different parts of the home.

The home's temperature logs were reviewed from May 15 through June 21, 2021, and there was no evidence of the temperature being measured and documented in writing in two resident bedrooms in different parts of the home. According to the temperature logs the temperature was being measured and recorded in writing in the laundry, kitchen, shower rooms, hallways, and dining room locations.

The Housekeepers who were responsible for completing the home's temperature logs both confirmed that they were not measuring and recording the temperature in any resident rooms.

This gap in practice was brought to the ESM and the GM's attention. According to the ESM they were working on revising the temperature logs. The GM acknowledged the gap in practice and that this should not have happened.

Sources: review of the home's temperature logs from May 15 to June 21, 2021, for all locations, interviews with Housekeepers, and other staff. [s. 21. (2) 1.]

2. The licensee has failed to ensure that the temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The home's temperature logs were reviewed from May 15 through June 21, 2021, and there was no evidence of the temperature being measured and recorded at the frequency of once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night in the Long-Term Care (LTC) home. The home's temperature log indicated that the temperature was being measured and documented once per day in different locations of the home.

The Housekeepers who were responsible for completing the home's temperature logs both confirmed that they were not measuring and recording the temperature at the frequency mentioned above.

The ESM and GM were made aware of this concern and both acknowledged the gap in practice.

Sources: review of the home's temperature logs from May 15 to June 21, 2021, for all locations, interviews with Housekeepers, and other staff. [s. 21. (3)]

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 temperature is measured is measured and documented in writing, at a minimum in at least two resident bedrooms in different parts of the home and shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 151. Obstruction, etc.

Every person is guilty of an offence who,

(a) hinders, obstructs or interferes with or attempts to hinder, obstruct or interfere with an inspector conducting an inspection, or otherwise impedes an inspector in carrying out the inspector's duties; 2017, c. 25, Sched. 5, s. 32 (1)

(b) destroys or alters a record or other thing that has been demanded under clause 147 (1) (c); or

(c) fails to do anything required under subsection 147 (3) or (3.1). 2017, c. 25, Sched. 5, s. 32 (2).

Findings/Faits saillants :

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1. The licensee has failed to ensure that staff members do not hinder, obstruct or interfere with an inspector conducting an inspection, or otherwise impedes an inspector in carrying out his or her duties.

A brief tour was conducted with the ESM to identify locations in the home where the temperature was being measured and recorded. During a tour of the home the inspector noted that a temperature log was missing in one of the shower rooms. The inspector requested photocopies of all temperature logs from the ESM.

The inspector received two photocopies of temperature logs for the month of May from the ESM; one had the home location and the other copy did not have an identified location. Upon further review of the two temperature logs the inspector noted that they were the same; both temperature logs had the same times, temperatures, dates, and staff signature. Also, there was only one staff signature on the temperature log for that month, on the days they worked, and other days were blank. The temperature documented was at the same temperature of 25 Degrees Celsius.

The ESM admitted that the temperature log was created for that shower room. They told the inspector that the temperature log was created by the Housekeeper. They denied asking the Housekeeper to create the shower temperature log for that shower room location. They went on to say that the Housekeeper asked them if they wanted them to create the temperature log and they said okay.

The Housekeeper acknowledged that they were asked by the ESM to complete a temperature log for a shower room. They told the inspector that they were instructed by the ESM to write the temperature at 25 Degrees Celsius.

This concern was brought to the GM's attention, and disciplinary action was taken by the home with the ESM. According to the GM this practice was unacceptable. The GM confirmed that the ESM had falsified the temperature log for the shower room and provided it to the inspector.

Sources: Temperature log for shower room, interviews with the ESM, and other staff. [s. 151. (b)]

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 destroys or alters a record or other thing that has been demanded under clause 147 (1) (c); or (c) fails to do anything required under subsection 147 (3) or (3.1). 2017, c. 25, Sched. 5, s. 32 (2)., to be implemented voluntarily.

Issued on this 6th day of August, 2021

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

Original report signed by the inspector.