



**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  
performance du système de santé  
Direction de l'amélioration de la  
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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 4, 2015	2015_163109_0003	T-1576-14	Complaint

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**Licensee/Titulaire de permis**

REGIONAL MUNICIPALITY OF YORK  
17250 Yonge Street NEWMARKET ON L3Y 6Z1

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

YORK REGION MAPLE HEALTH CENTRE  
10424 Keele Street Maple ON L6A 2L1

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

SUSAN SQUIRES (109)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): January 21, 28, 29, 30, 2014.**

**During the course of the inspection, the inspector(s) spoke with the administrator, director of care (DOC), registered nursing staff, personal support workers(PSW), attending physician, supervisor of care, physiotherapist.**

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

**Pain**

**Prevention of Abuse, Neglect and Retaliation**

**Skin and Wound Care**

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

**5 WN(s)**

**4 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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>Legendé</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 LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**



**Specifically failed to comply with the following:**

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**

**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**

**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised, (a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).**

**(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**

**Findings/Faits saillants :**



1. The licensee failed to ensure the plan of care sets out clear directions to staff and others who provided direct care to resident #1 related to pain management. The revised palliative plan of care from a specified date, directs the staff to acknowledge presence of pain and discomfort and listen to resident #1's concerns. Staff interview revealed the resident was unable to verbalize concerns about pain due to cognitive impairment. [s. 6. (1) (c)]

2. The licensee failed to ensure that when resident #1 was reassessed and the plan of care was being revised because care set out in the plan had not been effective, different approaches had not been considered in the revision of the plan of care for pain management.

Review of a pain assessment record for a specified date describes the resident as experiencing excruciating horrible daily pain that increases with movement. Staff interview and record review revealed that the resident experienced a worsening of physical pain at an identified time frame in which the resident was observed by staff to be screaming much more than usual during transfers and any personal care handling. According to the staff the SDM did not want narcotic analgesic administered to the resident until the resident became palliative. There were no other non-pharmacological interventions considered in the plan of care for resident #1's severe pain. The staff told the inspector that they continued to transfer the resident in and out of his/her wheelchair and provide direct care activities while the resident was crying out in apparent pain. The plan of care was not revised to manage pain until an identified later date. [s. 6. (11) (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 the plan of care sets out clear directions to staff and others who provided direct care to the residents, to be implemented voluntarily.***

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**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 failed to ensure that residents exhibiting altered skin integrity including pressure ulcers and skin tears, were reassessed at least weekly by a member of the registered nursing staff.

Record review revealed resident #3 had more than one alteration in skin integrity. A weekly skin assessment was completed on a specified date and described an alteration in skin integrity. There were no other skin assessments completed weekly by a member of the registered nursing staff.

On another specified date an assessment for an alteration in skin integrity was completed on the home's weekly assessment tool. There were no other weekly assessments completed by a member of the registered nursing staff describing the wound until weeks later in the progress notes. [s. 50. (2) (b) (iv)]

2. Record review and staff interview revealed resident #1 had multiple alterations in skin integrity. There were no weekly skin assessments completed by a member of the registered nursing staff on several specified dates. The resident's alteration in skin integrity continued to progress during this time period to the point that the Enterostomal Therapist (ET) nurse described the alteration in skin integrity as "non-healable". [s. 50. (2) (b) (iv)]



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***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 residents exhibiting altered skin integrity, including pressure ulcers and skin tears, received 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, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

**Specifically failed to comply with the following:**

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that when the resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Record review for resident #1 revealed the resident was cognitively impaired. Staff and physician interview revealed that resident #1 was unable to predictably and accurately respond to questions about pain.

Review of the pain assessment tool completed by the registered nursing staff on a specified date revealed the resident responded to questions of frequency, intensity and a scale of three meaning severe pain. Staff interview revealed that she filled out the pain assessment tool with the answers that she believed were the frequency, intensity and scale of the pain based on her assessment of the resident because the resident was cognitively unable to answer the questions. The staff member further stated that there was no other pain assessment tool to use for a resident that has a cognitive impairment. This was confirmed by a manager. [s. 52. (2)]

***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 when the resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**





Specifically failed to comply with the following:

**s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:**

**2. Skin and wound care. O. Reg. 79/10, s. 221 (1).**

**s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:**

**4. Pain management, including pain recognition of specific and non-specific signs of pain. O. Reg. 79/10, s. 221 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that all direct care staff are provided with training in skin and wound care.

Interview with the home's management revealed 36% of the direct care staff were not provided training in skin and wound management in 2014. [s. 221. (1) 2.]

2. The licensee failed to ensure that all direct care staff are provided training in pain management, including, recognition of specific and non-specific signs of pain.

Interview with management revealed that 33% of the direct care staff did not receive training in pain management in 2014. [s. 221. (1) 4.]

***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 all direct care staff are provided training in pain management, including, recognition of specific and non-specific signs of pain, to be implemented voluntarily.***



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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 103. Complaints — reporting certain matters to Director**

**Specifically failed to comply with the following:**

**s. 103. (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 24 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 101 (1). O. Reg. 79/10, s. 103 (1).**

**Findings/Faits saillants :**

1. The licensee failed to submit a copy of a written complaint with respect to a matter that the licensee reports to the Director, along with a written report documenting the response the licensee made to the complainant under s. 101(1).

Review of a letter of complaint from a specified date, outlines concerns the complainant has about the care of a resident residing in the home. The licensee did not submit a written report documenting the response the licensee made to the complainant concerning the care of a resident. [s. 103. (1)]

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**Issued on this 11th day of February, 2015**

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

**Original report signed by the inspector.**