



**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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 21, 2015	2015_378116_0023	033728-15	Resident Quality Inspection

Licensee/Titulaire de permis

The Regional Municipality of York
17250 Yonge Street NEWMARKET ON L3Y 6Z1

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

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

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

SARAN DANIEL-DODD (116), JOELLE TAILLEFER (211), VALERIE JOHNSTON (202)

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): December 8, 9, 10, 11, 15, 16, 17, 18, 2015.

During the course of the inspection, the inspector(s) conducted a tour of the home, observed meal service, resident care, staff-resident interactions and medication administration. Reviewed relevant home records, relevant policy and procedures, training records, employee records and resident health records. The following critical incident inspections were conducted concurrently with the resident quality inspection (RQI): Log#'s 002187-14, 003145-14 and 006081-14.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Acting Director of Care, Supervisor of Care, professional practice leader, registered dietitian, social worker, administrative assistant, Residents' Council President, Family Council President, registered staff, personal support workers and residents.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care**



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

- 2 WN(s)
- 1 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is a safe and secure environment for its residents.

On an identified date, the inspector observed the door to a specified room to be unlocked. A note on the door indicated "Do not lock room". The door of the electric system panel was opened inside the specified room and electric wires were accessible.

An interview with the Executive Director (E.D.) confirmed the door to the room must be locked at all times to ensure the safety of its residents. [s. 5.]

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 a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident.

Review of the current written plan of care and the current Kardex does not specify the required oral care for an identified resident.

Interviews held with identified staff members revealed that the staff are cleaning the resident's oral cavity with an identified item. An interview with the Professional Practice lead confirmed that the current plan of care and the current Kardex does not set out clear directions to staff and others who provided oral care to the resident. [s. 6. (1) (c)]

2. The health record and written plan of care for an identified resident indicates that the resident displays inappropriate behaviours related to being resistive to treatment and care.

The licensee submitted critical incident reports on two separate dates, indicating that the resident was found displaying inappropriate behaviours to another resident.

Review of the current Kardex and written plan of care does not indicate the identified inappropriate behaviour.



Interviews held with staff members revealed that the Kardex does not indicate whether the resident has responsive behaviours. The staff members revealed that the identified responsive behaviour displayed towards other residents should be included in the resident's Kardex.

An interview held with the Supervisor of Care confirmed that the identified resident's written plan of care does not include the responsive behaviour and does not set out clear directions to staff and others who provide direct care to the resident.

An interview with the Director of Care (Acting) confirmed that the resident's current Kardex and the written plan of care should include and define the resident's responsive behaviours to set out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

3. The licensee has failed to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary.

The written plan of care created on an identified date, indicates that an identified resident has skin integrity issues. Interviews held with identified staff members and the Supervisor of Care revealed that the skin integrity issue was resolved shortly after the resident returned from a leave of absence, and that the plan of care was not updated when the resident's skin care needs changed. [s. 6. (10) (b)]

Issued on this 1st day of February, 2016

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

Original report signed by the inspector.