

**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**

Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111

Bureau régional de services de
Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
Téléphone: (905) 440-4190
Télécopieur: (905) 440-4111

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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 |
|--|---|-----------------------------------|--|
| Nov 23, 2020 | 2020_838760_0033 | 011979-20, 019222-20 | Complaint |

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

JACK SHI (760)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 9, 10, 12, 13, 18, 19, 20, 2020.

The following intakes were completed in this complaints:

One log was related to plan of care, continence care, skin and wound and nutrition and hydration;

One log was related to continence care.

A CIS inspection #2020_838760_0032 was conducted concurrently with this complaints inspection.

During the course of the inspection, the inspector(s) spoke with Registered Dietitian (RD), Environmental Associate (EA), Recreational Aides (RA), Charge Nurses (CN), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Behavioural Supports Ontario Registered Practical Nurse (BSO RPN), Associate Director of Care (ADOC) and the Director of Care (DOC).

During the course of the inspection, the inspector conducted observations, interviews and record reviews.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Nutrition and Hydration

Personal Support Services

Skin and Wound Care

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :

1. The licensee failed to ensure that resident #001's plan of care was followed related to their continence care and responsive behaviours.

A complaint was raised related to the lack of continence care for the resident. A review of the resident's care plan indicated a schedule for their toileting periods. Interventions were also developed to ensure that the resident accepts care from the staff. Observations conducted during their scheduled toileting periods did not demonstrate staff providing continence care to the resident. An interview with the PSW indicated the resident had refused continence care during their scheduled toileting periods but they did not follow the interventions in their care plan to allow the resident to accept care or inform the nurse about the resident's refusal. There was potential risk of harm to the resident, as they had interventions in their plan of care to ensure they receive their required continence care but this was not followed through by the PSW, leading to the potential risk of harm to the resident.

Sources: Observations on resident #001; resident's care plan; Interviews with the PSW and other staff. [s. 6. (7)]

2. The licensee failed to ensure that resident #002's plan of care was followed related to their scheduled toileting periods.

A complaint was received related to a visit by the resident's SDM. They alleged that during their visit, the resident did not have their brief changed for a period of time. A review of the resident's care plan indicated that they are to be toileted routinely. A review of the documentation indicated that the resident did not receive continence care for a duration of time during that day. The ADOC stated they investigated on the complaint and concluded that the staff did not follow the resident's care plan, as the resident was

not toileted according to their care plan. There was potential risk of harm to the resident, as they could develop further complications to their health condition from the lack of continence care being provided and staff not following their care plan.

Sources: Resident #002's care plan and documentation on their chart; Interviews with the resident's SDM, two PSW's and other staff. [s. 6. (7)]

3. The licensee failed to ensure that PSW #108 was kept aware of the contents of resident #002's plan of care, related to their diet texture.

The complaint from resident #002's SDM also indicated that during their visit, they alleged that staff had provided the resident with the wrong diet texture for their meal. An interview with the PSW indicated they had brought food to the resident but it was not according to the diet texture on the resident's care plan. The PSW indicated that they were not familiar with the resident's diet texture and relied on the kitchen staff to ensure they provided the right diet texture for the resident but could have checked in their care plan prior to serving the resident their meal. There was potential risk of harm to the resident because they were originally served the wrong diet texture, leading to potential risks to the resident, as they have not been assessed to be on a different diet texture.

Sources: Resident #002's care plan; Interviews with the resident's SDM, a PSW and other staff. [s. 6. (8)]

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

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 resident #002's altered skin integrity was reassessed at least weekly by a registered staff.

A complaint from the resident's SDM indicated that they had concerns related to the resident's skin integrity and the lack of care at treating the resident's altered skin issues.

A review of the resident's assessments indicated that they sustained an altered skin integrity. There were no reassessments completed for a duration of time. The home's policy states that staff are to reassess every three days or more frequently and these assessments are to be documented. The RPN stated they may have forgotten to put in a nursing order for the registered staff to follow up on the resident's altered skin integrity, after they initially had discovered it. The RPN stated that if the altered skin integrity issue was initially discovered, a reassessment is to be completed after seven days of the initial assessment. The ADOC confirmed that the RPN did not put in a nursing order for registered staff to follow up on the altered skin integrity, thus there was no monitoring or reassessments completed for a duration of time. There was potential risk of harm to the resident, as their altered skin integrity was not being monitored or assessed by a registered staff, which could potentially lead to it getting worse without the proper interventions in place.

Sources: Resident #002's documented assessments; Skin and Wound assessment and intervention policy and procedures; Interviews with an RPN, the ADOC and other staff.
[s. 50. (2) (b) (iv)]

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, (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, and (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

Issued on this 24th day of November, 2020

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

Original report signed by the inspector.