

**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) 440-4111Bureau régional de services de  
Centre-Est  
33, rue King Ouest, étage 4  
OSHAWA ON L1H 1A1  
Téléphone: (905) 440-4190  
Télécopieur: (905) 440-4111**Public Copy/Copie du rapport public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 2, 2021	2021_763116_0001	003197-21	Other

**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)

**Inspection Summary/Résumé de l'inspection****The purpose of this inspection was to conduct an Other inspection.****This inspection was conducted on the following date(s): February 24, 25, 2021 as an off-site inspection.****Log #003197-21 related to safe and secure environment****During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC) and the Acting Assistant Director of Care (ADOC).  
During the course of this inspection, record reviews were conducted.****The following Inspection Protocols were used during this inspection:**

**Safe and Secure Home**

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

**1 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>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 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 was a safe environment for its residents.

The home is located in the Municipality of York Region health unit which was included in the province-wide shutdown effective December 26, 2020, and remained in a grey zone as of February 17, 2021. As of February 26, 2021, the home remains in a outbreak which was declared on January 1, 2021. Long term care (LTC) homes in outbreak are required to follow the existing requirements in the Provincial Testing Guidance Update and Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007.

According to reports the Ministry of Long-Term Care (MLTC) received and an interview with ADOC #100, a staff member passed the home's screening and did not attend the home's swabbing clinics held during established periods and failed to provide a required test prior to working on two separate dates. Directive #3 under the Long Term Care Homes Act, 2007 with an effective date of December 9, 2020, states homes must conduct active screening of all staff members entering the LTC home.

The licensee failed to ensure that the home is a safe environment for its residents when a staff member failed to provide a required negative test prior to entering the home which presented a risk of further transmission of a virus to the residents and staff in the home.

Sources: Mandatory Data Reporting submitted to the Ministry's Health Data Collection service website, Directive #3 (effective date December 9, 2020) issued by the Chief Medical Officer of Health (CMOH), Provincial Testing Guidance (effective November 9, 2020 and updated February 17, 2021). Homes swabbing list, Interviews with ADOC #100 and Administrator #101. [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.***

---

**Issued on this 5th day of March, 2021**

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

**Original report signed by the inspector.**