

**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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<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>
Oct 26, 2021	2021_788721_0017	012543-21, 013669-21	Complaint

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**Licensee/Titulaire de permis**

Maplewood Nursing Home Limited  
73 Bidwell Street Tillsonburg ON N4G 3T8

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

Maple Manor Nursing Home  
73 Bidwell Street Tillsonburg ON N4G 3T8

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

MEAGAN MCGREGOR (721), ANGELA FINLAY (705243)

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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): October 18-21, 2021.**

**The following intakes were completed in this complaint inspection:**

**Log #012543-21 related to concerns about toileting and continence care and eating assistance; and**

**Log #013669-21 related to concerns about transferring, toileting and continence care and mold.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Nutrition and Housekeeping Manager, the Maintenance Lead, one Physiotherapist, one Registered Nurse (RN), two Registered Practical Nurses (RPNs), five Personal Support Workers (PSWs), two Housekeepers, one Dietary Aide and residents.**

**The Inspectors also toured the home and observed areas of concern with mold and the provision of care to residents; and reviewed clinical records and plans of care for the identified residents and relevant policies and procedures.**

**This inspection was conducted concurrently with Critical Incident System Inspection #2021\_788721\_0016. An Infection Prevention and Control (IPAC) observational checklist was completed as part of this inspection.**

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

**Accommodation Services - Housekeeping**

**Accommodation Services - Maintenance**

**Personal Support Services**

**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**

<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. 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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there was a written plan of care for a resident related to transferring that set out clear directions to staff and others who provide direct care to the resident.

The residents care plan directed staff to provide specific care related to transferring and for the home's physiotherapy department to place transferring information stickers over their bed.

The transferring information sticker over the resident's bed directed staff to provide specific care related to transferring that was different from that indicated in the care plan.

PSW staff indicated that they would refer to a resident's care plan and the transferring information sticker over their bed for direction related to a residents transfer care needs. They said that the direction related to the resident's transfer care needs in their care plan and the transferring information sticker over their bed was inconsistent and the resident was provided different levels of care related to transferring depending on who was providing the care.

A Physiotherapist and RN explained that the physiotherapy department was responsible for assessing a residents transfer care needs and updating the transferring information sticker over their bed and that registered nursing staff were responsible for updating the residents care plan to reflect their current transfer care needs.

The DOC confirmed that the transferring information sticker over the resident's bed and the transfer care needs outlined in their care plan provided different direction to staff and they would expect that these should provide the same direction.

The plan of care for the resident did not provide clear direction to staff related to their transfer care needs which may have put them at risk for injury as a result of not being transferred as per their assessed transfer care needs.

Sources: The residents clinical record, including their care plan and task documentation report, observations of the residents transferring information sticker; and staff interviews.  
[s. 6. (1) (c)]

***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 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, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping  
Specifically failed to comply with the following:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**

**(a) cleaning of the home, including,**

**(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**

**(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that procedures were developed and implemented for the cleaning of the home including staff areas, floors and wall surfaces.

Areas of black mildew were present on the wall surfaces of the second floor PSW utility room as well as the wall surfaces in the dry storage room of the kitchen and the wall surfaces, baseboards and floor of the cold storage room of the kitchen.

The home's housekeeping policy related to general cleaning of the basement, laundry and utility rooms stated that the walls of the utility rooms were to be spot wiped if marked with soil daily.

A Housekeeper stated that they did not believe the PSW utility rooms were on the Housekeepers scheduled duties and that they believed maintenance staff were responsible for managing the current issues of mildew. The Nutrition and Housekeeping

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Manager stated they were unaware of mildew present in the second floor PSW utility room, that staff would clean this room as time allowed and that there was no documentation to show the home's policy related to the cleaning of the utility rooms was being implemented.

Another policy related to the cleaning of the walls, ceilings and floors of the kitchen outlined the methods for cleaning the walls, ceilings and floors of the kitchen but did not specify when this needed to be done. The weekly "Cleaning Schedule and Sign-Off Sheet" included cleaning tasks the dietary department was expected to complete each day. As per this schedule, the baseboards of the ice machine room (cold storage room) were to be cleaned every Sunday however no tasks were listed for the wall surfaces or floor of the cold storage room or wall surfaces of the dry storage room.

The Nutrition and Housekeeping Manager stated that the "Cleaning Schedule and Sign-Off Sheet" was not currently being signed-off on by staff. They also acknowledged that there were no documented procedures which indicated the cleaning frequency for the wall surfaces and floor of the cold storage room and wall surfaces of the dry storage room, or showing that these procedures were currently being implemented.

Sources: Observations; interviews with housekeeping staff and the Nutrition and Housekeeping Manager; policies titled "MAPLEWOOD NURSING HOMES LTD. DIETARY DEPARTMENT MANUAL DDM-V1- 149, SECTION VI SAFETY AND SANITATION, SUBJECT WALLS AND CEILINGS/ KITCHEN FLOOR WASHING", dated February 20, 2017, and "MAPLEWOOD NURSING HOME LTD., HOUSEKEEPING MANUAL HDM – III – 070, SECTION GENERAL CLEANING, SUBJECT BASEMENT, LAUNDRY, AND UTILITY ROOMS", dated May 15, 2017; and the home's "Cleaning Schedule and Sign-Off Sheet". [s. 87. (2) (a)]

***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 as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, procedures are developed and implemented for cleaning of the home, including common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces, to be implemented voluntarily.***

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**Issued on this 27th day of October, 2021**

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

**Original report signed by the inspector.**