

**Ministry of Health
and Long-Term Care**

**Ministère de la Santé
et des Soins de longue durée**



Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance
et de la conformité
Bureau régional de services de Toronto

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FEB 02 2011

Ms. Rina Lamba
Administrator
York Region Maple Health Centre
10424 Keele Street
Maple, ON L6A 2L1

Dear Ms. Lamba:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted **October 26, 27, 29; November 2, 9, 10, 2010** under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

A. Marsille

A. Marsille

for

Susan Squires
LTC Homes Inspector

for

Nicole Ranger
LTC Homes Inspector

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection October 26, 27, 29, 2010 November 2, 9, 10, 2010	Inspection No/ d'inspection 2010_189_9605_26Oct093151	Type of Inspection/Genre d'inspection Critical Incident Log T1174
Licensee/Titulaire The Regional Municipality of York 17250 Yonge Street Newmarket, Ontario L3Y 6Z1		
Long-Term Care Home/Foyer de soins de longue durée York Region Maple Health Centre 10424 Keele Street Maple, Ont L6A 2L1		
Name of Inspector(s)/Nom de l'inspecteur(s) Nicole Ranger (189) and Susan Squires (109)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a Critical Incident inspection. During the course of the inspection, the inspectors spoke with: Administrator, Director of Care (DOC) First floor, Director of Care (DOC) Second Floor, Supervisor HR Consultant, Supervisor Programs and Services, Registered Nursing Staff, Personal Support Workers During the course of the inspection, the inspectors: • Conducted a walk through of resident home area and common areas • Reviewed health care records • Reviewed the home's Abuse Prevention Program The following Inspection Protocols were used in part or in whole during this inspection: • Prevention of Abuse and Neglect Inspection Protocol ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 5 WN 4CO: CO # 001, 002, 003, 004		

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
 VPC – Voluntary Plan of Correction/Plan de redressement volontaire
 DR – Director Referral/Régisseur envoyé
 CO – Compliance Order/Ordres de conformité
 WAO – Work and Activity Order/Ordres; travaux et activités

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

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s. 19 (1)

Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff

Findings:

1. A resident was not protected from abuse by the licensee

Inspector ID #: 109, 189

Additional Required Actions:

CO # - 001- will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN # 2: The Licensee has failed to comply with O. Reg 79/10, s. 97(2)

The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation.

Findings:

1. The Substitute Decision Maker (SDM) was not notified of the completion of the licensee's investigation.

Inspector ID #: 189

Additional Required Actions:

CO # - 002-will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN # 3: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s. 79 (1) (2) (3) c, d.

(1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79 (1).

(2) Every licensee of a long-term care home shall ensure that the required information is communicated, in a manner that complies with any requirements that may be provided for in the regulations, to residents who cannot read the information. 2007, c. 8, s. 79 (2).

(3) The required information for the purposes of subsections (1) and (2) is,

- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;

Findings:

1. The abuse policy is not posted in areas easily accessible to the public in the home
2. Policy on Mandatory Reporting under section 24 of the LTCHA is not posted in the home.
3. The abuse policy is not communicated to residents or Substitute Decision Maker (SDM)

Inspector ID #: 189

Additional Required Actions:

CO # - 003 -will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #4: The Licensee has failed to comply with O. Reg 79/10, s.96

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (c) identifies measures and strategies to prevent abuse and neglect;
- (e) identifies the training and retraining requirements for all staff, including,
 - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
 - (ii) situations that may lead to abuse and neglect and how to avoid such situations.

Findings:

1. Policy does not contain procedures and interventions to assist and support residents who have been abused or neglected
2. Policy does not identify measures and strategies to prevent abuse and neglect
3. Policy does not include training on the relationship between power imbalances between staff and residents

Inspector ID #: 189 and 109

Additional Required Actions:

CO # 004 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #5: The Licensee has failed to comply with LTCHA , 2007, S.O. 2007, c.8, s. 23(2)

A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause

Findings:

1. Final report of homes investigation was not submitted to the MOHLTC



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

Inspection Report
under the *Long-
Term Care Homes
Act, 2007*

Rapport
d'inspection prévue
le *Loi de 2007 les
foyers de soins de
longue durée*

Inspector ID #:	189 and 109		
Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
Title:		Date of Report: (if different from date(s) of inspection).	
		Jan 24 th , 2011	



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Name of Inspector:	Susan Squires Nicole Ranger	Inspector ID #	109 189
Inspection Report #:	2010_189_9605_26Oct093151		
Type of Inspection:	Critical Incident		
Licensee:	The Regional Municipality of York 17250 Yonge Street Newmarket, Ontario L3Y 6Z1		
LTC Home:	York Region Maple Health Centre 10424 Keele Street Maple, Ont L6A 2L1		
Name of Administrator:	Rina Lamba		

To The Regional Municipality of York; you are hereby required to comply with the following order(s) by the date(s) set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: LTCHA 2007, S.O. 2007, c.8, s. 19 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff			
Order: The licensee shall immediately remove and keep an identified person away from an identified resident			
Grounds: 1. Identified resident was not protected from abuse			
This order must be complied with by:		Immediately	

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
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Pursuant to: O. Reg 79/10, s. 97(2)

The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation.

Order:

The licensee shall notify the Substitute Decision Maker immediately of the results of an investigation

Grounds

1. Substitute Decision Maker was not notified of the completion of the homes investigation.

This order must be complied with by:

Immediately

Order #:

003

Order Type:

Compliance Order, Section 153 (1)(a)

Pursuant to: LTCHA 2007, S.O. 2007, c.8, s. 79 (1) (2) (3) c, d.

(1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79 (1).

(2) Every licensee of a long-term care home shall ensure that the required information is communicated, in a manner that complies with any requirements that may be provided for in the regulations, to residents who cannot read the information. 2007, c. 8, s. 79 (2).

(3) The required information for the purposes of subsections (1) and (2) is,

- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;

Order:

The licensee shall post in a conspicuous and easily accessible location the home's policy to promote zero tolerance of abuse and neglect to residents.

The licensee shall ensure that the zero tolerance for abuse policy is communicated, in a manner that may be provided for in the regulations to residents who cannot read the information.

The licensee shall provide an explanation of the duty to make mandatory reports to the director under section 24.

Grounds:

1. The abuse policy is not posted in areas easily accessible to the public in the home
2. Policy on Mandatory Reporting under section 24 of the LTCHA is not posted in the home.
3. The abuse policy is not communicated to residents or Substitute Decision Maker (SDM)

This order must be complied with by:

January 3, 2011

Order #:

004

Order Type:

Compliance Order, Section 153 (1)(a)

Pursuant to: O. Reg 79/10, s.96 Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (c) identifies measures and strategies to prevent abuse and neglect;
- (e) identifies the training and retraining requirements for all staff, including,
 - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
 - (ii) situations that may lead to abuse and neglect and how to avoid such situations.

Order:

The licensee's abuse policy and procedure shall be revised to include the following:

1. Procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected
2. Identify measures and strategies to prevent abuse and neglect
3. Identify training and retraining for all staff on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care
4. Include training which outlines situations which may lead to abuse and neglect and how to avoid such situations.

Grounds:

1. Policy does not contain procedures and interventions to assist and support residents who have been abused or neglected
2. Policy does not identify measures and strategies to prevent abuse and neglect
3. Policy does not include training on the relationship between power imbalances between staff and residents

This order must be complied with by:

January 3, 2011



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

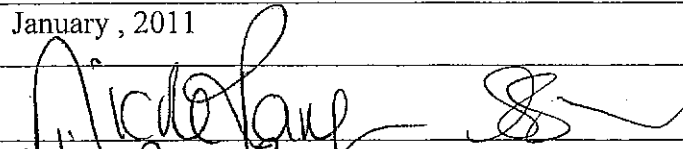
When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 24 day of January, 2011	
Signature of Inspector:	
Name of Inspector:	Nicole Ranger Susan Squeenes
Service Area Office:	Toronto