Ontario

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division

# Facility Review Report

Ministére de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé

# Rapport 'inspection d'établissement

Long-Term Care Facility / Établissement de soins de longue durée

**York Region Maple Health Centre**

Governing body / Organisme responsable

Regional Municipality of York

Administrator / Directeur général/directrice générale

Ms. Janice Britton

Approved capacity / Nombre de lits autorisés

100

| Type of review / Genre d'inspection | Review date / Date de l'inspection |
|---|---|
| Annual Review | October 29-31, November 1-2, 2007 |

## Facility Review Report

The mandate of the Ministry of Health is to ensure that residents in Ontario Long-Term Care Facilities receive quality care and service.

In order to achieve this goal, the Ministry has implemented its **Long-Term Care Facility Review Program** to monitor the quality of resident care and facilities services. Where Long-Term Care Facilities do not meet Ministry standards, as determined by facility reviews, the home is expected to correct any unmet standards or criteria.

The Long-Term Care Division of the Ministry of Health conducts ongoing quality of care reviews in all Long-Term Care Facilities throughout the Province of Ontario.

The **Report of Unmet Standards or Criteria** outlines the Ministry's review findings and the facility's review plan for corrective action. Reports are public documents and must be prominently displayed in all Long-Term Care facilities.

Any inquiries related to this program may be directed to:

Manager
Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
465 Davis Drive, 3rd Floor
Newmarket ON L3Y 8T2
Telephone – (905) 954-4700
Facsimile – (905) 954-4702

Toll Free – 1-800-486-4935

## Rapport d'inspection d'établissement

Le mandat du ministère de la Santé est d'assurer aux pensionnaires des établissements de soins de longue durée de l'Ontario des soins et des services de qualité.

Afin d'atteindre cet objectif, le ministère a mis en oeuvre son **Programme d'inspections des établissements de soins de longue durée** pour surveiller la qualité des soins dispensés aux pensionnaires et des services offerts dans les établissements de soins de longue durée. Si, selon les inspections, les établissements de soins de longue durée ne satisfont pas aux normes du ministère, ils devront corriger tout cas de non-conformité aux normes et aux critères.

La Division des soins de longue durée du ministère de la Santé effectue régulièrement des inspections de la qualité des soins dans tous les établissements de soins de longue durée.

Le **Rapport sur les cas de non-conformité aux normes et aux critères** donne les résultats de l'inspection du ministère et le plan de l'établissement de soins de longue durée en ce qui a trait aux mesures correctives à prendre. Ce rapport est un document public et doit être affiché bien en vue dans l'établissement de soins de longue durée.

Pour de plus amples renseignements sur ce programme, écrivez à la personne suivante:

Directrice
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
465 Davis Drive, 3e étage
Newmarket ON L3Y 8T2
Téléphone: (905) 954-4700
Télécopier: (905) 954-4702

# FACILITY REVIEW SUMMARY REPORT

## Definition of Terms

The monitoring and evaluation process is based on the standards and criteria contained in the Long Term Care Facilities Program Manual. Each facility has a copy which the public may request to view.

The reviewer considers the following factors in concluding that a standard or criteria has not been met:

- Conditions have been observed that pose actual or potential serious risks to a resident's health, welfare or rights; and/or
- Conditions have been observed that are not as serious but are prevalent or recurring; and/or
- The facility has not made successful efforts to initiate corrective action; and/or
- Conditions have been identified during previous reviews, but have not been corrected within the negotiated time frame for corrective action.

| STANDARD MET | STANDARD NOT MET |
|---|---|
| All criteria that were reviewed relating to the identified standard were found to meet the expectations. | One or more criteria that were reviewed relating to the identified standards, did not meet the expectations; and<br><br>The identified deficiencies met the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA or AREA OF NON-COMPLIANCE. |
| RECOMMENDATION(S) DISCUSSED | REFERRAL MADE TO<br>(appropriate discipline/specialty) |
| Criteria that were reviewed relating to the identified standard may or may not meet the expectations; but<br><br>Identified deficiencies if applicable, do not meet the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA. Recommendations were discussed to enhance the quality of the care, programs and services provided to the residents. | Criteria reviewed relating to the identified standard may or may not meet the expectations.<br><br>Criteria that were reviewed indicate the need for other expertise to determine compliance or to provide more in-depth review and assistance.<br><br>A REPORT OF UNMET STANDARD OR CRITERIA may or may not be issued. |

# FACILITY REVIEW SUMMARY REPORT

**Long-Term Care Facility: York Region Maple Health Centre**

**Date of Review: October 29, 30 & 31,November 1 & Exit November 2, 2007**

**Type of Review: ANNUAL REVIEW**

**Updates on any care, programs and services being provided by the facility:**

**The following standards and criterion have been corrected and are now returned to compliance: C1.17, B3.16, and B5.4.**

**All or some criteria related to the following standards were reviewed. Comments in the right column reflect the status of the standards at the time of the review AND ARE BASED ONLY ON CRITERIA WHICH WERE REVIEWED. Conclusions are based on observations and reviews of a selected sample of residents.**

| STANDARD | COMMENTS |
|---|---|
| **Resident Safeguards** | |
| There are mechanisms in place to promote and support residents' rights, autonomy, and decision-making. | STANDARD MET |

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| **There is a facility-specific written admission agreement in place to delineate the accommodation, care, services, programs and goods that will be provided to the resident and, the obligations of the resident with respect to their responsibilities and payment for service.** | **STANDARD MET** |
| **Resident Care and Services** | |
| **Each resident's needs for care and services are determined with the resident/ representative through an interdisciplinary assessment process.** | **STANDARD MET** |
| **Each resident's care and services are planned with the resident/representative through an inter-disciplinary planning process.** | **STANDARD MET** |
| **Each resident receives care and services consistent with his/her plan of care and with residents' rights outlined in the Bill of Rights, and the *Health Care Consent Act* and the *Substitute Decisions Act*.** | **STANDARD MET** |

| | |
|---|---|
| There is ongoing monitoring and evaluation of each resident's care, services and care outcomes. | STANDARD MET |
| All significant information about each resident is documented in his/her record. | STANDARD MET |
| **Nursing Services** | |
| There is an organized program of nursing services to meet residents' nursing and personal care needs, consistent with the professional standards of practice of the College of Nurses of Ontario. | STANDARD MET |
| **Staff Education** | |
| There is an organized orientation program that responds to the learning needs of new staff. | STANDARD MET |
| There is an organized in-service education program that responds to the assessed learning needs of staff. | STANDARD MET |
| **Recreation and Leisure Services** | |
| There are recreation and leisure services organized to provide age-appropriate recreation, leisure, and education opportunities based on and responsive to the abilities, | STANDARD MET |

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| strengths, needs, interests and former lifestyle of the residents. | |
| **Social Work Services** | |
| There is an organized program of social work services, or arrangements are made to access available social work services to meet residents' psychosocial needs. | STANDARD MET |
| **Spiritual and Religious Program** | |
| There is an organized spiritual and religious care program to respond to the spiritual and religious needs and interests of the residents. | STANDARD MET |
| **Therapy Services** | |
| There is an organized program of therapy services or arrangements made to access available therapy services to meet residents' identified therapy needs. | STANDARD MET |
| **Volunteer Services** | |
| There is an organized program of volunteer services. | STANDARD MET |
| **Other Approved Programs** | |
| Other programs/services provided by the facility are organized to provide services to respond to residents' identified needs/preferences. | STANDARD MET |

| Facility Organization and Administration | |
|---|---|
| The program and resources of the facility are organized to effectively manage the facility and each of its programs and services, in keeping with Ministry Acts Regulations, Policies and Directives. | STANDARD MET |
| There is a comprehensive, co-ordinated, facility-wide, program for monitoring, evaluating and improving the quality of accommodation, care, services, programs and goods provided by the facility. | STANDARD MET |
| There are co-ordinated risk management activities designed to reduce and control actual or potential risks to the safety, security, welfare and health of individuals or to the safety and security of the facility. | STANDARD MET |
| There is an organized system of records management which includes the components of collection, access, storage, retention and destruction of records. | STANDARD MET |

| Medical Services | |
|---|---|
| Medical services are organized to meet residents' medical needs, including assessment, planning and provision of residents' individualized medical care, consistent with professional standards of practice. | STANDARD MET |
| **Environmental Services** | |
| Environmental services are organized to provide a safe, comfortable, clean, well-maintained environment for residents, staff and visitors. | STANDARD MET |
| The facility, including furnishings and equipment, is maintained. | STANDARD MET |
| The facility, including furnishings and equipment, is kept clean. | STANDARD MET |
| Laundry services are organized to meet the linen and personal clothing needs of residents. | STANDARD MET |
| **Dietary Services** | |
| There is an organized program of dietary services to respond to residents' nutritional care needs and to provide safe, personally acceptable, nutritious food to residents. | STANDARD MET |

| Diagnostic Services | |
|---|---|
| The facility makes arrangements for diagnostic services to meet residents' needs as ordered by the residents' physicians. | STANDARD MET |
| **Pharmacy Services** | |
| There is an organized program for the provision of pharmacy services to meet the residents' identified needs. | STANDARD MET |
| There is an organized interdisciplinary pharmacy and therapeutics committee responsible for directing the facility's pharmacy program and services. | STANDARD MET |
| The prescription ordering and transmission of orders support the safe provision of drugs to residents. | STANDARD MET |
| The pharmacy service provides for the accurate, safe dispensing of prescription drugs and biologicals to meet residents' identified medication requirements. | STANDARD MET |
| A system of records for receipt and disposition of all drugs received by the facility is maintained in sufficient detail to enable accurate tracking, | STANDARD MET |

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| reconciliation and auditing, in accordance with applicable legislation. | |
| All drugs and biologicals are stored under proper conditions of sanitation, temperature, light, humidity and security. | STANDARD MET |
| Disposal of drugs is in accordance with established Ministry policy. | STANDARD MET |
| There is a system for immediate reporting of each medication error and adverse drug reaction, with specific follow-up action to be taken. | STANDARD MET |

Home: m605 /Visit: 1

| Home | Name And Address | Type of Review | Discipline | Inspection Date | Page # |
|---|---|---|---|---|---|
| M605 | YORK REGION MAPLE HEALTH CENTRE<br>10424 KEELE STREET<br>MAPLE ON L6A 2L1 | Annual<br>Annual Review - October 29, 30 31 & November 1 & 2, 2007. | Nursing | 2007/10/29<br>Number of Days<br>5 | 1 of 1 |

| Act/Reg Standards And Criteria | Ministry Inspection Results | Required Date of Correction | LTC Facility Plan of Corrective Action | Planned Date of Correction | Ministry Response |
|---|---|---|---|---|---|
| N/A | The following standards and criteria have been corrected are returned to compliance following this Annual Review. C1.17, B3.16 and B5.4. | | | | |
| N/A | No unmet standards or ciriterion are issued as a result of this Annual Review. | | | | |

Attachment #1