Ontario	Ministry of Health and Long-Term Care Health Care Programs Division Central East Region465 Davis Drive Newmarket ON L3Y 8T2 Phone: (905) 954-4700 Toll Free: 1-800-486-4935	**Report of Unmet Standards or Criteria**	Rapport sur les normes ou criteres non respectes Attachment 1

Long- Term Care Facility/Etablissement de soins de longue duree
Maple Health Care Centre

Date of review/Date de l'inspection
September 26, 27, 28, 29, 30, October 4, 2005

Address/ Adresse **10424 Keele Street, Maple, Ontario, L6A 2L1**

Name and title of LTC Division representative/Nom et fonction du (de la) representant(e) de la Division

Marsha Hardwick RN, BScN, CON(C), Compliance Advisor

Type of review/Genre d'inspection **Annual Review & Follow-up to Annual**

Annual X Annuelle ☐ Follow-up X Referral ☐ Visite d'un(e) conseiller(ere)	Complaint Investigation ☐ Enquete a la suite d'une plainte Complaint investigation follow-up ☐ Suivi d'une enquete a la suite d'une plainte Pre-sale ☐ Prealable a la vente	Post-sale ☐ Posterieure a la vente Pre-license ☐ Prealable a la delivrance du permis Other *(specify)* ☐ Autre *(precisez)*

The following statements reflect the results of the facility operational review as based on Ministry of Health standards and criteria for resident care, programs and services in Long-Term Care facilities.

Les obse/Vations suivantes illustrent les resultats de l'inspection des operations de /'etablissement effectuee sur la base des normes et criteres du ministere de la Sante en matiere de soins aux pensionnaires et de programmes et de se/Vices offerts dans les etablissements de soins de longue duree.

Standards or criteria Normes ou criteres	Review results Resultats de l'Inspection	Date for corrective action Date de la rnesure corrective
	There are no unmet standards/criteria issued during this Annual	
	Review of September 26, 27, 28, 29, 30, October 4, 2005.	

Received for the Facility by/Reyu pour retablissement par

Marsha Hardwick

Signature of Long- Term Care Division representative
Signature du (de la) representant(e) de la Division des soins de longue durge

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

Ontario

Acute Services and Community Health Divisions
Central East Region
3rd Floor
465 Davis Drive
Newmarket ON L3Y 8T2

Divisions des services en matière de soins actifs et de la santé communautaire
Région du Centre-Est
3e étage
465 Davis Drive
Newmarket ON L3Y 8T2

Telephone - (905) 954-4700 - Téléphone
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Toll Free - 1 800 486-4935

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November 4, 2005

Mr. Bill Cowan, Administrator
York Region Maple Health Centre
10424 Keele Street
Maple ON L6A 2L1

Dear Mr. Cowan:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on September 26, 27, 28, 29, 30, October 4, 2005.

This Annual Review and Follow Up must be posted for public viewing in a conspicuous place in the facility, in accordance with Section 64 (a) of the Homes for the Aged and Rest Homes Act and Regulation 637.

I would like to remind you that under the Freedom of Information and Protection of Privacy Act, all information retained by the Ministry of Health and Long-Term Care relating to your facility is subject to public release.

A copy of the report must be available without charge to any resident of the facility upon request. The report will also be on file with the Central East Regional Office, Acute Services and Community Health Divisions.

Thank you for your co-operation.

Yours truly,

Marsha Hardwick
Compliance Advisor

MH/sab
Encl.
c: Legislative Library
CCAC
Concerned Friends
OLTCA
OANHSS
Compliance Advisor

Ontario

Ministry of Health and Long-Term Care

Acute Services and Community Health Divisions

Facility Review Report

Ministère de la Santé et des Soins de longue durée

Divisions des services en matière de soins actifs et de la santé communautaire

Rapport d'inspection d'établissement

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

YORK REGION MAPLE HEALTH CENTRE
10424 Keele Street
Maple ON L6A 2L1

Governing body/Organisme responsable

Regional Municipality of York

Administrator/Directeur général/directrice générale

Mr. Bill Cowan

Approved capacity/Nombre de lits autorisés

100

Type of review/Genre d'inspection	Review date/Date de l'inspection
ANNUAL REVIEW AND FOLLOW UP	**SEPTEMBER 26, 27, 28, 29, 30, OCTOBER 4, 2005**

PLEASE DO NOT REMOVE. IF COPY NEEDED, CALL EXT. 303

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 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 (appropriate discipline/specialty)**
Criteria that were reviewed relating to the identified standard may or may not meet the expectations; but **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.** **Criteria that were reviewed indicate the need for other expertise to determine compliance or to provide more in-depth review and assistance.** **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:	**September 26, 27, 28, 29, 30, October 4, 2005**
Type of Review:	**Annual Review and Follow Up**

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

- Lennie Iskender appointed Registered Dietician, May 2005
- Test site for the Community Health Information Network (CHIN) sponsored by the CCAC
- Participated in the development of York Region's Pandemic Plan
- Emergency Exercise for possible gas leak, April 20, 2005
- Purchased the following items with the Diagnostic & Medical Equipment Funding: 3 Therapeutic surfaces, 50 therapeutic mattresses, and 2 Pulse Oximeters
- Purchases the following items with the Lift Initiative Funding: 2 Portable Bath Lifts with scales, 1 Standing Lift, 2 Arjo-Sara 3000 lifts and 14 ceiling lifts
- Purchased: 20 high-low beds, 4 portable lap top computers, 18 bedside tables, 3 dressers, 4 stand/turning discs, 100 comforters, 4 portable phones, 4 care carts, 7 nourishment carts, 4 washers and dryers and 1 fish tank
- Replaced second floor Dining Room flooring

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** • **Successful Residents Council & Family Council**
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 Cared Services	
Each resident's needs for care and services are determined with the resident/representative through an interdisciplinary assessment process.	**Standard Met** • **Continue to work on the residents' plan of care that gives clear directions to staff providing care related to triggers and interventions regarding cognitively impaired residents, preferences related to the number of baths/showers per week and resident specific recreation programming (B2.4).**
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.	**Standard Met** • **The following observation and recommendation were discussed related to each resident who experiences pain/discomfort should receive care to mange the pain/discomfort (B3.45).**
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 • Successful student placements for Seneca College, George Brown College and York University • On site Food Service Worker Program in partnership with Centennial College
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, strengths, needs, interests and former lifestyle of the residents.	Standard Met • Activation staff awarded the Family Choice Award by the Alzheimer's Society
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 • Revised and enhanced the Physiotherapy Program

Volunteer Services	
There is an organized program of volunteer services.	Standard Met • Volunteers donated $3000.00 for additional music programs
Dental Services	
There is a co-ordinated program of dental services, or arrangements made to access dental services to meet residents' dental care needs.	Standard Met
Foot Care Services	
There is an organized program of foot care services, or arrangements are made to access foot care services to meet residents' needs.	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 Organisation 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 • Established Patient Safety Task Force & Unusual Occurrence Task Force • Continued participation on the 'Ontario Municipal CAO's Benchmarking Initiative' Long Term Care Expert Panel.

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.	**Deferred** • **M3.22 issued November 2004 is deferred.** • **Evidence of monthly fire drills on all shifts.**
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** • **Strong evidence of regular physician assessment and documentation.**
Environmental Services	
Environmental services are organized to provide a safe, comfortable, clean, well-maintained environment for residents, staff and visitors.	**Standard Met** • **Continue monitoring hot water temperatures once per shift in random locations where residents have access to hot water. (O3.1).** • **Well maintained Home**
The facility, including furnishings and equipment, is maintained.	**Standard Met**
The facility, including furnishings and equipment, is kept clean.	**Standard Met** • **The following observation and recommendation was discussed related to the housekeeping program providing routine, preventative and remedial housekeeping (O3.1).**
Laundry services are organized to meet the linen and personal clothing needs of residents.	**Standard Met** • **Dedicated staff for personal laundry**

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 • The following recommendation was discussed related to the nutritional care program screening to identify nutritional risk, nutritional assessments and the identification of interventions on residents' plans of care. • Residents enjoy the food. • A dietary referral continues to be outstanding.
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, reconciliation and auditing, in accordance with applicable legislation.	**Standard Met**
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**

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Home: M605 /Visit: 1

Home	*Name And Address*	Type of Review	Discipline	*Inspection Date*	Page #
M605	**YORK REGION MAPLE HEALTH CENTRE** **10424 KEELE STREET**	**Annual**	**Nursing**	**2005/09/26**	**1 of 1**
	MAPLE ON L6A 2L1	**September 26, 27, 28, 29, 30, October 4, 2005**		*Number of Days* **6**	

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	**There are no unmet standards/criteria issued during this Annual Review of September 26, 27, 28, 29, 30, October 4, 2005.**				

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Home: M605 /Visit: 2

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
M605	YORK REGION MAPLE HEALTH CENTRE 10424 KEELE STREET MAPLE ON L6A 2L1	Follow up - Annual September 26, 27, 28, 29, 30, October 4, 2005	Nursing	2005/09/26 Number of Days 6	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 unmet criteria M3.22 issued during the Annual Review of November 18, 19, 22, 23, 24, 25, 2004 is deferred.				