OBSERVATION/DISCUSSION SUMMARY Attachment 3
Sommaire des observations et discussions

Ontario

Ministry of Health and Long-Term Care
Health Care Programs Division
Central East Region
465 Davis Drive Newmarket, ON
L3Y 8T2

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

Long-Term Care Facility/Etablissement de soins de loungue duree:
York Region Maple Health Centre
10424 Keele Street, Maple, Ontario L6A 2L1

Name and title of LTC Division representative/Nom et fonctlon du (de la) representant(e) de la Division
Marsha Hardwick RN, BScN, CON(C), Compliance Advisor

Type of review/Genre d 'inspection

Annual X Annuelle Follow-up X Suivi 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 reflect explanatory detail related to observation/discussions over the course of the review. This information is provided as guidance to the facility and written response is not required.	On trouvera ci-dessous une explicatin détaillée des observations et discussiions formulées au cours del l'inspection. Ces renseignements sont fournis a l'établissement a titre d'information; il n'est pas necessaire d'y repondre par écrit.

The following observations and recommendations were discussed:

1. **The nutritional care program should include screening to identify nutritional risk, nutritional assessments and identification of interventions on residents' plans of care (P1.29). It was observed that the 'Resident Dietary Profile" did not always identify nutritional risk. In addition, nutritional assessments of possible contributing factors and interventions related to unplanned weight change were not always documented. A Ministry of Health Long-Term Care Program dietary referral is outstanding.**

2. **Each resident who experiences pain/discomfort should receive care to mange the pain/discomfort (B3.45). It was observed there were few comfort interventions aside from pain medication. It was further observed that pain assessments were not conducted on a regular basis once pain was identified.**

3. **The housekeeping program should provide for routine, preventative and remedial housekeeping (3.1). It was observed the floor grouting was soiled in the spa/shower rooms.**

4. **Continue working on resident's plan of care that give clear directions to staff providing care related to triggers and interventions regarding cognitively impaired residents, preferences related to the number of bath/showers per week which should be reviewed quarterly and resident specific recreation programming (B2.4).**

5. **Continue monitoring hot water temperatures once per shift in random locations where residents have access to hot water (O1.18).**

Marsha Hardwick

Received for the Facility by

Signature of Long- Term Care Division representative