## September 2005 MOHLTC Compliance Review Recommendations

# ACTION PLAN

**Maple Health Centre**

| Item # | Recommendation or Area of Improvement | Action Plan | Department/Team members responsible for follow-up | Due Date | Status |
|---|---|---|---|---|---|
| P 1.29 | The nutritional care program should include screening to identify nutritional risk, nutritional assessments and identification of interventions on residents' plans of care. 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. | Risk identification is completed on all residents by the RD upon admission or when health status changes significantly. Resident Profile which is part of the Nutritional Assessment Form identifies the risk levels of the resident and is on file as hard copy for residents admitted prior to the initiation of documentation on PCC. Assessments / profile on PCC all must have risk level identified or the assessment would indicate an error and would not be able to lock the document. Resident care plans are being updated to include the risk levels as well as the DTL resident diet information sheets which was noted previously as profile sheet.<br><br>All team leaders have been reinstructed to include the nutritional risk level when completing their assigned Q3M and update the resident care plan at the same time. Policies & procedures updated to reflect the change. | Dietary – Spatzie Dublin | November 2005 | Completed<br><br>P&P to be reviewed by NHC and signed off by end of November |

**Attachment #4**

## September 2005 MOHLTC Compliance Review Recommendations

# ACTION PLAN

**Maple Health Centre**

| Item # | Recommendation or Area of Improvement | Action Plan | Department/Team members responsible for follow-up | Due Date | Status |
|---|---|---|---|---|---|
| B 3.45 | Each resident who experiences pain/discomfort should receive care to manage the pain/discomfort. 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. | • On admission a pain assessment is completed for each resident on PCC and a hardcopy placed in chart.<br>• Alternative pain control measures are identified on the pain assessment. | Nursing –<br>Venita Lovelace<br>Jan Britton | November 2005 | Completed |

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# ACTION PLAN

**Maple Health Centre**

| Item # | Recommendation or Area of Improvement | Action Plan | Department/Team members responsible for follow-up | Due Date | Status |
|---|---|---|---|---|---|
| O 3.1 | The housekeeping program should provide for routine, preventative and remedial housekeeping. It was observed the floor grouting was soiled in the spa/shower rooms. | The tub room floors grout have been cleaned. Routines revised to ensure that the tiles are thoroughly scrubbed on a monthly basis as part of the ESR's project cleaning for each unit.<br>Team Leader will check monthly as part of QA audit. | Support Services – Spatzie Dublin | November 2005 | Completed |

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# ACTION PLAN

**Maple Health Centre**

| Item # | Recommendation or Area of Improvement | Action Plan | Department/Team members responsible for follow-up | Due Date | Status |
|---|---|---|---|---|---|
| B 2.4 | Continue working on residents' plan of care that give clear directions to staff proving 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. | • Care plans have been updated with residents' preferences related to bath or shower and number of times per week which are reflected on the care plan. Quarterly reviews are also completed every 3 months.<br><br>• Triggers and interventions are identified on care plan. | Nursing – Venita Lovelace | November 2005 | Completed |

## September 2005 MOHLTC Compliance Review Recommendations

# ACTION PLAN

**Maple Health Centre**

| Item # | Recommendation or Area of Improvement | Action Plan | Department/Team members responsible for follow-up | Due Date | Status |
|---|---|---|---|---|---|
| O 1.18 | Continue monitoring hot water temperatures once per shift in random locations where residents have access to hot water. | • Audit of water temperature sheets indicating that they are being completed at the appropriate times (3 times a day). | DON's | November 2005 | Completed |

## September 2005 MOHLTC Compliance Review Recommendations

# ACTION PLAN

**Maple Health Centre**

**From 2004 Annual Review – deferred** ***Additional item**

| Item # | Recommendation or Area of Improvement | LTC Facility Plan of Corrective Action | Department/Team members responsible for follow-up | Required Date of Correction | Ministry Response |
|---|---|---|---|---|---|
| M 3.22 | UNMET STANDARD:<br>Each resident admitted to the home was not screened for tuberculosis with 14 days of admission. It was observed several residents did not receive a Mantoux test within 14 days of admission. It was also observed there was a lack of follow-up of previous 'tuberculosis screening' for several residents who transferred from other homes. | • Each resident admitted to the home will be screened for TB within 14 days of admission.<br>• The first step at the 2 step Mantoux test will be administered within 48 hours of admission.<br>• The policy has been reviewed with staff at our monthly staff meeting.<br>• The DON's will conduct regular audits to ensure this process is being carried out. | Nursing | 2004/12/09 | |