Ontario

Ministry of Health and Long-Term Care

Ministere de la Sant et des Soins de longue duree

Plan of Corrective Action Unmet Standard/Criteria Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'etablissement de soins de longue duree	Date of review/inspection/Date de l'inspection	Ministry Representative/Representant(e) du ministere	
York Region Maple Health Centre	From/de **November 18** To/a **November 25, 2004**	Marsha Hardwick	
	Type of review/inspection/Type d'inspection: Compliance Review	Plan submitted by/Plan soumis par: Bill Cowan, Administrator, MHC	Plan receipt date/Date de reception du plan

Standards/Criteria Normes/criteres Act/Reg Loi/Regl.	Ministry review/inspection results Resultats de l'inspection du ministere	LTC Facility plan of corrective action Plan des mesures correctives de l'etablissement de SLD
M3.22	• Each resident admitted to the Home was not screened for tuberculosis with-in 14 days of admission. It was observed several residents did not receive a Mantoux test with-in 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.	• Processing of the standing order for Mantoux testing currently does not indicate date and time to be given. We will enhance the processing of the order to include date and time to be given (within 48hrs) and this must be indicated on the MAR sheet with the date and time of the first and second step of the Mantoux clearly indicated. • This process change will be communicated via memo and also discussed at the next monthly staff meeting. • All newly admitted resident charts will be audited by Directors of Nursing to ensure all orders, including Mantoux tests, are processed correctly and completed within 14 days of admission. • Our computerized charting system now has a new vaccine section from which one can generate a report of vaccines due along with the date. We will not include Mantoux testing in this section and the Directors of Nursing will generate a report weekly to ensure that there are no outstanding Mantoux tests to be completed.

Attachment #3

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Plan of Corrective Action Recommendations & Observations Plan des mesures correctives

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Recommendations **O1.18**	• It is strongly recommended that hot water temperatures be monitored daily once per shift in random locations where residents have access to hot water (O1.18)	• Old water temperature monitoring sheets currently do not indicate location where the water temp should be measured. We will revise the current sheets to indicate room number where the temperature should be monitored, along with the date and shift. • All Registered Staff will be inserviced on their responsibility to monitor water temperatures as per York Region policy and Ministry of Health Compliance.
Observations & Recommendations **B2.4**	• To continue working on resident's plan of care that reflect current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives. The plans of care should give clear directions to staff providing care particularly related to hours of sleep and rising, cognitive impairment and activation programming (B2.4) It is acknowledged that the plans of care have improved since the last review.	• Will provide in-service education to staff in order to achieve more personalized care plans. • Directors of Nursing will continue to audit charts regularly to ensure each plan of care includes strengths, abilities, preferences, need, goals, etc.

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Observations & Recommendations B5.2	• The care and services provided to each resident should be documented in the resident's record according to facility policies and procedures (B5.2). It was observed that the 'Restraint Monitoring' record was not always completed according to the Home's policies and procedures.	• In-service education will be provided to all Health Care Aides regarding appropriate documentation. • Directors of Nursing will audit the HCA charting to ensure compliance with the facilities policy.
Observations & Recommendations O2.1	• The maintenance program continue with preventative and remedial painting schedule particularly related to door frames and doors (O2.1)	• All door frames and doors were painted on November 24th, 2004. • The maintenance program will continue with preventative and remedial painting as required.
Observations & Recommendations O2.12	• All furnishings, including bedside tables should be maintained in good repair and safe for use (O2.12). • A dietary referral will be made to review York Region Maple Health Centre's program of dietary services.	• New bedside tables have been budgeted for and will be purchased in 2005. • All furnishings will be checked regularly to ensure they are in good repair and safe for use. This will be monitored via the Occupation Health and Safety Committee inspections.