Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Ontario

ATTACHMENT 1

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
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465 Davis Drive
Newmarket ON L3Y 8T2

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October 31, 2006

Ms. Janice Britton, (A) Administrator
York Region Maple Health Centre
10424 Keele Street
Maple ON L6A 2L1

Dear Ms. Britton:

Please find enclosed the Facility Review Summary Report for the review of care and services conducted on September 12, 13, 15, 18, 19, 21, 2006.

This Annual Review and Follow Up must be posted for public viewing in a conspicuous place in the home, 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 home is subject to public release.

A copy of the report must be available without charge to any resident of the home 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

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

Ms. Janice Britton (Acting)

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 12, 13, 15, 18, 19, 21, 2006**

Facility Review Report

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

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 Acute Services and Community Health Divisions of the Ministry of Health and Long-Term Care 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:
Regional Director
Acute Services and
Community Health Division
Central East Region
465 Davis Drive, 3rd Floor
Newmarket ON L3Y 8T2
Telephone: (905) 954-4700/
1-800-486-4935 (Toll Free)

Rapport d'inspection d'établissement

Le mandat du ministère de la Santé et des Soins de longue durée 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 se conforment pas aux normes établies par le ministère ceux-ci deviennent donc responsables pour la correction des normes et critères non-respectés.

Les Divisions des services en matière de soins actifs et de la santé communautaire du ministère de la Santé et des Soins de longue durée effectuent régulièrement des inspections sur la qualité des soins dans toutes les établissement 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:
Directeur ou directrice régional(e)
Divisions des services en matière de soins actifs et de la santé communautaire
Région du centre-est
465 Davis Drive, 3e étage
Newmarket ON L3Y 8T2
Téléphone : (905) 954-4700/
1 800 486-4935 (Appels sans frais)

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 home 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 home 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 12, 13, 15, 18, 19, (20 exit), 2006**
Type of Review:	**Annual Review and Follow up**

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

- **Janice Britton appointed Acting Administrator, August 17, 2006**
- **Sandra Richards appointed Acting Administrator, September 15, 2006**
- **Dr. Catherine Meunier appointed Medical Director, May 1, 2006**
- **Last outbreak March 2004**
- **Test site for the CCAC Community Health Information Network (CHIN)**
- **Adopted 'patient/client safety' into mission statement**
- **Equipment purchased since last review: 2 Sara 3000 lifts, 2 bath chairs with scales, ceiling lift slings, digital camera, 4 nourishment carts, 3 dessert carts, 2 refrigerators, 1 wet vac machine, 1 small floor auto scrubber, 1 clothing label printer, 14 bedside tables, 15 dressers, 6 privacy curtains, 1 freezer, 1 binding machine and fish aquarium**

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 Resident and Family Councils** • **Resident Council donated $100.00 to Special Olympics** • **Residents Council raised over $700.00**
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 • Discussion held related to timeliness of quarterly reports. • Discussion held related to hot water availability.
Each resident's care and services are planned with the resident/representative through an inter-disciplinary planning process.	Standard Met • Discussion held related to regarding plans of care for skin integrity related to pain and discomfort.
Each resident receives care and services consistent with his/her plan of care and with residents' rights outlined in the Bill of Rights.	Standard Not Met • (B3.16) Each resident's environment is not maintained to minimize safety and security risks. Action shall be taken to protect each resident from identified potentially hazardous conditions.
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 Not Met • (C1.17) Each resident did not receive treatment as ordered by the physician. • Discussed held related to transcription of physician orders. • Discussion held related to skin assessments for at risk residents.
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 • Discussion held related to the qualifications of registered staff that assess skin integrity.

	• Successful placement of Seneca College and George Brown College students
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 • Continued Activation Program enhancements • 2 federally funded summer activation students
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 • Family of new admissions' are called two weeks post admission.
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 • Discussion held related to the Restorative Feeding Program to include other disciplines
Volunteer Services	
There is an organized program of volunteer services.	Standard Met • Volunteer hours continue to increase • Volunteers donated $3400.00 for additional music programming and $3000.00 for a sit to stand walker.
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 • Contract podiatrist available on site
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 representatives continue to participate in various committees with other community agencies to share knowledge and to identify and address service issues.
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 • Discussion held related to current policies related to MOH Hot Weather Guidelines.
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 • Continue to participate as a member of 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.	Standard Met • Active participant in developing Region's Pandemic Plan • Created Patient/Client Safety Task Force
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 • Very clean and well maintained
The facility, including furnishings and equipment, is maintained.	Standard Met
The facility, including furnishings and equipment, is kept clean.	Standard Met • Discussion held related to spa/shower room flooring
Laundry services are organized to meet the linen and personal clothing needs of residents.	Standard Met • Improved personal laundry services
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 • Discussion held related to food temperatures at point of service. • Food is enjoyed by the residents. • 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 • Pharmacist reviews all medications for residents annual review

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**