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Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
M605	YORK REGION MAPLE HEALTH CENTRE 10424 KEELE STREET MAPLE ON L6A 2L1	Annual September 12, 13, 15, 18, 19, 21, 2006	Nursing	2006/09/12 Number of Days 6	2 of 2

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			will be completed each week utilizing QR 0711-06 pages 3 and 4. Copy of audits appended.		
B3.16	Each resident's environment shall be maintained to minimize safety and security risks. Action shall be taken to protect each resident from identified potentially hazardous conditions. This criterion is not met as evidenced by: . Medication carts left unattended and unlocked three times.	2006/09/21	Continuous Quality Improvement Plans and Initiatives to enhance our level of compliance with this standard include: • Staff will be re-educated regarding the need to lock the medication cart at all times when not standing immediately beside the cart. This will be accomplished by holding a mandatory staff meeting scheduled for October 11th, 2006. Proper medication administration practices, as well as, policies and procedures will be reviewed at this meeting. Completion date: October 11th, 2006. • Two new coded medication carts will be obtained facilitating quicker locking/unlocking of the medication cart during medication passes. • Directors of Nursing will complete regular audits on all shifts to ensure compliance until all staff are demonstrating full knowledge of and compliance with the standard. (please see attached audit QR0711-06)	2006/10/11	Accepted.

ATTACHMENT 2

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M605	YORK REGION MAPLE HEALTH CENTRE 10424 KEELE STREET MAPLE ON L6A 2L1	Annual September 12, 13, 15, 18, 19, 21, 2006	Nursing	2006/09/12 Number of Days 6	1 of 2

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
C1.17	Each resident shall receive treatment as ordered by the physician, unless the resident refuses. This criterion is not met as evidenced by: . Twelve first floor residents' treatments were not documented in the Treatment Administration Record. . Six second floor residents' treatments were not documented in the Treatment Administration Record.	2006/09/21	Continuous Quality Improvement Plans and Initiatives to enhance our level of compliance with this standard include: • Staff will be re-educated regarding the need to document all medications and treatments ordered by the physician accurately and as per policy. This will be accomplished by holding a mandatory staff meeting scheduled for October 11th, 2006. Proper medication administration practices, as well as, policies and procedures will be reviewed at this meeting. Completion date: October 11th, 2006. • The Pharmacy Consultant will attend the mandatory staff meeting to provide additional instructions regarding proper medication administration and documentation. • The Pharmacy Consultant will do additional audits to ensure compliance. These audits will be completed quarterly until all staff demonstrate full understanding and compliance with the expectations. • Director's of Nursing will complete weekly documentation and care plan audits to ensure compliance until all staff are demonstrating full knowledge of and adherence to the standard. • In addition, one focused chart audit per week	2006/10/11	Accepted.