ATTACHMENT 1

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Ontario

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité
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Performance Improvement and Compliance Branch

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Newmarket ON L3Y 8T2 1-800-486-4935
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34 Simcoe Street
Barrie ON L4N 6T4 Fax : 1-705-739-6473

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

Dear Ms. Britton:

Please find enclosed the Home Review Summary Report for the review of care and services conducted on May 9, 13, 14, 15, 2008.

This Annual Review 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 Newmarket Satellite Office, Health System Accountability and Performance Division.

Thank you for your co-operation.

Yours truly,

Rosemary Lam
Compliance Advisor

Encl.

c: Legislative Library
CCAC
Concerned Friends
OLTCA
OANHSS
Compliance Advisor

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Ontario

Long-Term Care Home Review Report

Rapport d'inspection d'un foyer de soins de longue durée

Long-Term Care Home/Foyer de soins de longue durée

York Region Maple Health Centre

Governing body/Organisme responsable

Regional Municipality of York

Administrator/Directeur général/directrice général

Ms. Janice Britton

Approved capacity/Nombre de lits autorisés

100

Type of review/Genre d'inspection	Review date/Date de l'inspection
Annual Review	May 9, 13, 14, 15, 2008

Long-Term Care Home Review Report

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

In order to achieve this goal, the Ministry has implemented its **Long-Term Care Home Review Program** to monitor the quality of resident care and services. Where Long-Term Care Homes do not meet Ministry standards, as determined by reviews, the home is expected to correct any unmet standards or criteria.

The Performance Improvement and Compliance Branch of the Ministry of Health and Long-Term Care conducts ongoing quality of care reviews in all Long-Term Care Homes throughout the Province of Ontario.

The **Report of Unmet Standards or Criteria** outlines the Ministry's review findings and the home's review plan for corrective action. Reports are public documents and must be prominently displayed in all Long-Term Care homes

Any inquiries related to this program may be directed to:

Manager
Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office
55 St. Clair Ave, West, 8th Floor
Toronto ON M4V 2Y7
Telephone: (416) 212-0934
Facsimile: (416) 327-4486

Rapport d'inspection d'un foyer de soins de longue durée

Le mandat du ministère de la Santé et des Soins de longue durée est d'assurer aux pensionnaires des foyers 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 place son **Programme d'inspections des foyers de soins de longue durée** pour surveiller la qualité des soins dispensés aux pensionnaires et des services offerts dans les foyers de soins de longue durée. Si, selon les inspections, les foyers 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.

La Direction de l'amélioration de la performance et de la conformité du ministère de la Santé et des soins de longue durée effectue régulièrement des inspections sur la qualité des soins dans tous les foyers 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 du foyer 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 le foyer de soins de longue durée.

Pour de plus amples renseignements sur ce programme, écrivez à la personne suivante:

Directrice
Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité
Bureau régional de services de Toronto
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FACILITY REVIEW SUMMARY REPORT

Long-Term Care Facility:	**York Region Maple Health Centre**
Date of Review:	**May 9, 13, 14, 15, 2008**
Type of Review:	**Annual**

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

The following management changes were initiated since the last annual review:

- **Glencia Brookes-Dos Santos – New Director of Nursing, Complex Care, Oct 1, 2007**
- **New Housekeeping initiatives include new floor tool for wet mopping to reduce repetitive strain injuries.**

The Home was Accredited in 2007 for three years. Next Accreditation date is 2010.

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**
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** **Discussion held with regards to ensuring debit to account is authorized in writing by resident/representatives (A2.3)**
Resident Care and Services	
Each resident's needs for care and services are	**Standard Met**

determined with the resident/representative through an interdisciplinary assessment process.	**Discussion held with regards to the Home's recent change over to new assessment & documentation system (MDS). Goal of full implementation is by September 08. Ongoing education required to ensure resident's strength and extend of independence e.g. bowel incontinence is captured in the initial assessment process.**
Each resident's care and services are planned with the resident/representative through an inter-disciplinary planning process.	**Standard Met** **Discussion held with regards to ensuring the plan of care reflects current risks.**
Each resident receives care and services consistent with his/her plan of care and with residents' right outlined in the Bill of Rights.	**Standard Met** **Discussion held with regards to ensuring staff follows policy related to bowel protocol.**
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 organised 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 Met**
Staff Education	
There is an organised orientation program that responds to the learning needs of new staff.	**Standard Met**
There is an organised in-service education program that responds to the assessed learning	**Standard Met**

needs of staff.	
Recreation and Leisure Services	
There are recreation and leisure services organised 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
Social Work Services	
There is an organised program of social work services, or arrangements are made to access available social work services to meet residents' psychosocial needs.	Standard Met
Spiritual and Religious Program	
There is an organised 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 organised program of therapy services or arrangements made to access available therapy services to meet residents' identified therapy needs.	Standard Met
Volunteer Services	
There is an organised program of volunteer services.	Standard Met
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 organised program of foot care services, or arrangements are made to access foot care services to meet residents' needs.	Standard Met

Other Approved Programs	
Other programs/services provided by the facility are organised to provide services to respond to residents' identified needs/preferences.	**Standard Met**
Facility Organisation and Administration	
The program and resources of the facility are organised 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 with regards to reviewing frequency of testing the Nurse call system.**
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** **Discussion held and action taken during Ministry's visit with regards to resolving hazardous conditions. e.g. Hanging wire at TV lounge; Disposable razors in resident's rooms.**
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** **Actions taken during Ministry's visit to ensure call bells are accessible in resident's bathrooms.**
There is an organised system of record management, which includes the components of collection, access, storage, retention and destruction of records.	**Standard met.**
Medical Services	
Medical services are organised to meet residents' medical needs, including assessment; planning and provision of residents' individualised medical care, consistent with professional standards of practice.	**Standard Met**

Environmental Services	
Environmental services are organised to provide a safe, comfortable, clean, well-maintained environment for residents, staff and visitors.	**Standard Met** **Action taken during Ministry visit to address odour, stained linen, sticky floor.** **Since May, 08, the Home changed linen from cloth to plastic disposable bags for soiled linen to reduce the risk of injury and hazard of leaking bags.**
The facility, including furnishings and equipment, is maintained.	**Standard Met**
The facility, including furnishings and equipment, is kept clean.	**Standard Met**
Laundry services are organised to meet the linen and personal clothing needs of residents.	**Standard not reviewed.** **Referral made to Env Advisor MOH regarding the Home's Personal Laundry System.**
Dietary Services	
There is an organised program of dietary services to respond to residents' nutritional care needs and to provide safe, personally acceptable, nutritious food to residents.	**Standard Met** **Pleasurable dinning improvements include: reduce noise in dinning room, colour coded cups for beverages, new condiment stand with diet table cards and transparent tablecloths for Alzheimer's dinning room.** **Action taken during Ministry review includes reminding staff to offer milk at a minimum of three times a day. Discussion held with regards to providing supervision to ensure staff follows policies on: e.g. Food temperature, Thickened fluids, Assistive Devices & care plan strategies consistently.** **Discussion held with regards to reviewing policy and practice in Re-weights.**

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 organised program for the provision of pharmacy services to meet the residents' identified needs.	**Standard Met**
There is an organised interdisciplinary pharmacy and therapeutics committee responsible for directing the facility's pharmacy program and services.	**Standard Met** **Discussion held with regards to ensuring staff follows policy to remove discontinued medication.**

Home: m605 /Visit: 1

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 May 9, 13, 14, 15, 2008	Nursing	2008/05/09 Number of Days 4	1 of 1

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
N/A	No statement of unmet standard was issued as a result of this Regular Care & Service Review				