

FINAL INSPECTION REPORT
Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: November 9, 2023	Name of Inspector: Julie Hebert
Inspection Type: Responsive Inspection – Mandatory Report	
Licensee: ACC-002633 - Oxford SC Maple View London LP	
Retirement Home: Maple View Terrace	
License Number: S0469	

About Responsive Inspections
<p>A responsive inspection, performed by an RHRA inspector, is a physical inspection of a licensed retirement home. A responsive inspection is conducted when RHRA receives information that the licensee may have failed to meet the standards of the <i>Retirement Homes Act, 2010</i> or its regulations (the “RHA”). An inspection being conducted does not infer that an allegation is substantiated or that a contravention of the RHA has occurred. A licensee is required to report to RHRA if they suspect harm or risk of harm to a resident. During a responsive inspection, an RHRA inspector may observe the operations of the home, interview relevant individuals, review records and other documentation, and determine whether the licensee’s management and staff have followed mandatory policies and practices designed to protect the welfare of residents.</p> <p>Following a responsive inspection, the RHRA inspector prepares a draft inspection report which is sent to the licensee. The draft report may include instances where the licensee has failed to meet the standards of the <i>RHA</i>. If included, the licensee can respond to these instances and is strongly encouraged to inform RHRA of its plans to meet the standards of the <i>RHA</i>.</p> <p>Following the draft report, the RHRA inspector prepares this final inspection report, incorporating any response from the licensee with their plans to meet the standards of the <i>RHA</i>. The most recent final inspection report must be posted in the home in a visible and easily accessible location. All final inspection reports from the previous two years must also be made available in an easily accessible location in the home. The licensee must provide a copy of this report to the home’s Residents’ Council, if one exists.</p> <p>In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.</p> <p>If there is a serious incident or the licensee repeatedly does not meet the required standards, RHRA may take further action.</p>

Concern(s)
<p><i>During a responsive inspection, an inspector will focus primarily on the concern(s) which prompted the inspection and may take various actions to determine whether the licensee is compliant with the RHA in relating to the concern(s). Any findings of non-compliance identified in relation to these concerns are listed below.</i></p>
Concern #1: CON-6958-Food
<p>RHRA Inspector Findings</p> <p>An allegation was brought forward to the RHRA that residents were not receiving their required diet and that staff did not understand each residents' dietary needs. As part of the inspection, the inspectors reviewed documents, made observations, and spoke to both residents and staff.</p> <p>Although the home was able to identify residents who required specialized diets and that these diets were being provided to the residents, they were not able to provide evidence that a specialized diet had been ordered by a physician, or other registered health professional who had assessed that residents’ specific dietary needs. In addition, these specific residents' plans of care were not completed to include the food restrictions, allergies or sensitivities that were known.</p> <p>The Licensee failed to ensure that staff were fully aware of resident’s dietary requirements and include that information in the residents' plans of care.</p>
Outcome
<p>The Licensee submitted a plan to achieve compliance by January 5, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.</p>
Concern #2: CON-6959-Improper or Incompetent Treatment or Care - Wound Care

RHRA Inspector Findings

An allegation of residents with skin and wound issues not being addressed was brought to the attention of the RHRA. Skin and wound care is not a care service offered by the home beyond basic first aid. The inspectors reviewed documentation, made observations, and spoke to staff. The documentation showed that for those residents who did have a plan of care, the care needs surrounding skin and wound care were not included in the plan of care or updated as the care needs changed. In addition, for those residents who had care needs surrounding skin and wound care identified at admission, it was not clear that the assessment of that resident had been completed by a Registered Health Professional.

Further, the home was not completing interdisciplinary care conferences with residents or their substitute decision makers surrounding the residents' care needs.

The Licensee was not able to demonstrate that they had addressed their obligations surrounding skin and wound care in alignment with the legislation.

Outcome

The Licensee submitted a plan to achieve compliance by January 5, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Concern #3: CON-6961-Improper or Incompetent Treatment or Care - PASDs**RHRA Inspector Findings**

An allegation of residents' who required the use of Personal Assistive Service Devices (PASDs), namely mechanical lifts and tilt wheelchairs was brought to the attention of the RHRA. The inspectors and staff identified six residents who required a mechanical lift and two that required a tilt wheelchair. The inspectors reviewed documentation, made observations, and spoke to staff.

The home was not able to provide documentation that these PASDs had been ordered by a Registered Health Professional. That the home had tried alternatives to these PASDs, or that the resident or SDM consented to the use of the PASD. For residents that did have a plan of care, the care needs surrounding PASDs were not included in the plan of care or updated as the care needs changed. In addition, for those residents who had care needs surrounding PASDs identified at admission, it was not clear that the assessment of that resident had been completed by a Registered Health Professional.

Further, the home was not completing interdisciplinary care conferences with residents or their substitute decision makers surrounding the residents' requirement for PASDs.

In addition, the home was not able to demonstrate that they had trained staff annually or at orientation in the use of each specific PASD being used by residents.

The Licensee was not able to demonstrate that they had addressed their obligations surrounding PASD use with residents in alignment with the legislation.

Outcome

The Licensee submitted a plan to achieve compliance by January 5, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Concern #4: CON-6962-Improper or Incompetent Treatment or Care - Falls**RHRA Inspector Findings**

An allegation of residents experiencing a high degree of falls was brought to the attention of the RHRA. As part of the inspection, the inspectors reviewed documentation and spoke to staff. The home produced evidence of detailed documentation of a resident's fall, as well as mitigating and preventative measures taken to prevent further falls; however, the home had not included the residents care needs surrounding falls into the relevant residents' plans of care.

Outcome

The Licensee submitted a plan to achieve compliance by January 5, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Additional Findings

During a responsive inspection, an inspector may observe areas of non-compliance that are not related to the concern(s) which prompted the inspection. In these cases, an inspector may cite the home for these contraventions at the time of this inspection. In addition, an inspector may follow-up on findings of non-compliance from previous inspections. Where the licensee is unable to demonstrate they have come into compliance or maintained compliance, an inspector may cite the home for these repeat contraventions at the time of this inspection.

Additional Finding #1: CON-6963-Improper or Incompetent Treatment or Care - Plans of Care**RHRA Inspector Findings**

As part of the inspection, the inspectors conducted an audit to determine whether all residents had an updated plan of care. The audit revealed that of the 83 current residents in the home, 24 did not have a plan of care at all, and 33 of them had not had their plan of care updated within the previous 6 months. The residents with missing or outdated plans of care included those with high acuity of care needs including skin and wound care, PASDs, dementia and assistance with activities of daily living. In addition, not all completed plans of care had been signed by the resident or their substitute decision maker.

The Licensee was not able to demonstrate that they had completed a plan of care for all residents or updated the plan of care as care needs changed or minimally every 6 months.

Outcome

The Licensee submitted a plan to achieve compliance by January 5, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Additional Finding #2 CON-6964-Staff Training

RHRA Inspector Findings

The inspectors reviewed the training records for both initial and annual training for staff in assistance with ambulation, assistance with bathing, assistance with dressing and assistance with personal hygiene and discovered that not all relevant staff who were providing those services to residents had been trained on those care services.

The Licensee failed to ensure staff were trained, as required.

Outcome

The Licensee submitted a plan to achieve compliance by January 5, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Current Inspection – Citations

Citations relating to the above Concerns or Additional Findings made during the current inspection are listed below.

The Licensee failed to comply with the RHA s. 14. (3); Staff training

s. 14. (3); Staff training

14. (3) For the purposes of paragraph 5 of subsection 65 (5) of the Act, every licensee of a retirement home shall ensure that every staff member who provides a care service to a resident has received or receives training in,

Specifically, the Licensee failed to comply with the following subsection(s):

s. 14. (3), (b)

(b) each care service offered in the home so that the staff member is able to understand the general nature of each of those services, the standards applicable under the Act to each of those services and the aspects of each of those services that may be relevant to the staff member's own duties in the home.

The Licensee failed to comply with the RHA s. 14. (5); Staff training

s. 14. (5); Staff training

14. (5) The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

The Licensee failed to comply with the RHA s. 40.; Provision of a meal

s. 40.; Provision of a meal

40. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the provision of a meal, the licensee shall ensure that,

Specifically, the Licensee failed to comply with the following subsection(s):

s. 40. (i)

(i) food service workers and staff assisting the resident are aware of the resident's diet, special needs and preferences;

The Licensee failed to comply with the RHA s. 44. (3); Full assessment of care needs

s. 44. (3); Full assessment of care needs

44. (3) If a licensee or a staff member of a retirement home has reason to believe that a resident's care needs may include dementia care, skin and wound care, or the use of a personal assistance services device, the licensee shall ensure that the full assessment is,

Specifically, the Licensee failed to comply with the following subsection(s):

s. 44. (3), (a)

(a) conducted by a member of a College, as defined in the Regulated Health Professions Act, 1991;

The Licensee failed to comply with the RHA s. 47. (5); Development of plan of care

s. 47. (5); Development of plan of care

47. (5) If an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident's plan of care and that the resident's plan of care takes into account the results of the care conference.

The Licensee failed to comply with the RHA s. 47. (7); Development of plan of care

s. 47. (7); Development of plan of care

47. (7) If one of the care services that the licensee provides to a resident is the provision of a meal, the resident's plan of care is only complete if it includes a description of the food restrictions, food allergies and food sensitivities of the resident that are known.

The Licensee failed to comply with the RHA s. 62. (1); Plan of care

s. 62. (1); Plan of care

62. (1) When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.

The Licensee failed to comply with the RHA s. 62. (12); Reassessment and revision

s. 62. (12); Reassessment and revision

62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,

s. 62. (12), (b)

(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

The Licensee failed to comply with the RHA s. 62. (6); Assessment of resident

s. 62. (6); Assessment of resident

62. (6) The licensee shall ensure that the plan of care is based on an assessment of the resident and the needs and preferences of the resident.

The Licensee failed to comply with the RHA s. 62. (9); Persons who approve plans of care

s. 62. (9); Persons who approve plans of care

62. (9) The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:

Specifically, the Licensee failed to comply with the following subsection(s):

s. 62. (9), para. 1

1. The resident or the resident's substitute decision-maker.

The Licensee failed to comply with the RHA s. 65. (2); Training

s. 65. (2); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

Specifically, the Licensee failed to comply with the following subsection(s):

s. 65. (2), (d)

(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

The Licensee failed to comply with the RHA s. 65. (5); Additional training for direct care staff

s. 65. (5); Additional training for direct care staff

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

Specifically, the Licensee failed to comply with the following subsection(s):

s. 65. (5), para. 4

4. Ways to minimize the need of residents for personal assistance services devices and if a resident needs such a device, the ways of using it in accordance with its manufacturer's operating instructions, this Act and the regulations.

The Licensee failed to comply with the RHA s. 69. (2); Restrictions on use

s. 69. (2); Restrictions on use

69. (2) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

Specifically, the Licensee failed to comply with the following subsection(s):

s. 69. (2), (a)

(a) the licensee has considered or tried alternatives to the use of the device but has found that the alternatives have not been, or

considers that they would not be, effective to assist the resident with a routine activity of living;

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 1.

(i) a legally qualified medical practitioner,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 2.

(ii) a member of the College of Nurses of Ontario,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 3.

(iii) a member of the College of Occupational Therapists of Ontario,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 4.

(iv) a member of the College of Physiotherapists of Ontario,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 5.

(v) any other prescribed person;

s. 69. (2), (d)

(d) the resident or, if the resident is incapable, the resident's substitute decision-maker, has consented to the use of the device;

s. 69. (2), (e)

(e) the use of the device is included in the resident's plan of care;

Closed Citations

During an inspection, an inspector may follow-up with areas of non-compliance cited during a previous inspection, or verify compliance with areas initially cited during the current inspection. The inspector has verified that at the time of this report, the licensee was able to demonstrate that the following areas have come into compliance.

Not Applicable

NOTICE

The Final Inspection Report is being provided to the Licensee, the Registrar of the RHRA and the home's Residents' Council, if any.

Section 55 of the *RHA* requires that the Final Inspection Report be posted in the home in a conspicuous and easily accessible location. In addition, the Licensee must ensure that copies of every Final Inspection Report from the previous two (2) years are made available in the Home, in an easily accessible location.

The Registrar's copy of the Final Inspection Report, as it appears here, will be included on the RHRA Retirement Home Database available online at <http://www.rhra.ca/en/retirement-home-database>.

Signature of Inspector

Julie Hebert

Date

November 30, 2023