

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: January 21, 2025

Inspection Number: 2025-1151-0001

Inspection Type:

Complaint
Critical Incident

Licensee: Meadow Park (London) Inc.

Long Term Care Home and City: Meadow Park (London), London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 16, 17, 20, 21, 2025

The following intake(s) were inspected:

- Intake: #00134023, Critical incident related to improper/Incompetent care of a resident.
- Intake: #00135086, Complaint related to resident care concerns.

The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Palliative Care
- Pain Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in the plan of care for a resident was based on an assessment of the resident.

A clinical record review for the resident and interview with the Director of Care (DOC) showed a physician note completed indicating a certain condition. The plan of care was not updated until the time of the inspection to include that information.

Sources: resident's clinical record and staff interview.

WRITTEN NOTIFICATION: Documentation

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee failed to ensure that a treatment documentation for a resident and care refusals by the resident were documented in the resident's record.

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Sources: resident's clinical record and staff interviews.

WRITTEN NOTIFICATION: Skin and Wound

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that when a resident was identified to have an altered skin integrity they received a skin assessment by an authorized person using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment,

Sources: resident's clinical record and staff interview.

WRITTEN NOTIFICATION: Skin and Wound

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

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(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that a resident received a weekly skin and wound reassessment for their altered skin integrity concern.

Sources: resident's clinical record and staff interview.