



Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
May 2, 3, 4, 8, 9, Jun 13, 14, 19, 2012	2012_024137_0029	Complaint

Licensee/Titulaire de permis

MEADOW PARK (LONDON) INC
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

MEADOW PARK (LONDON) INC.
1210 SOUTHDALE ROAD EAST, LONDON, ON, N6E-1B4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

MARIAN MACDONALD (137), KARIN MUSSART (145)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Assistant Director of Care, Care Services Coordinator (Corporate), Life Enrichment Coordinator, Dietary Manager, Environmental Services Manager, Medical Director, Consultant Pharmacist, Physiotherapy Assistant, 5 Registered Nurses, 3 Registered Practical Nurses, 6 Personal Support Workers, 1 Health Care Aide, 2 Nurses' Aides, 8 residents and 2 family members.

During the course of the inspection, the inspector(s) conducted a tour of the Home, including resident bedrooms, washrooms and common areas, observed residents re: personal hygiene, reviewed relevant policies and procedures, Residents' Council Meeting Minutes, Food Committee Meeting Minutes and residents' clinical records, observed availability of linen supplies, observed breakfast and lunch meal and snack services.

L-000290-12

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance



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Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Food Quality

Infection Prevention and Control

Personal Support Services

Quality Improvement

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :



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1. A review of the Quality Council Meeting Minutes for January, February, March and April, 2012 revealed that audits were completed and several deficiencies were identified.

Jan. 12/12 - Identified clean bedpans kept in the dirty utility room.

Feb. 16/12 - Identified : 33% compliance of baseboards and corners free of stains and spills; 0% floor finish satisfactory; 0% workshop neat and tidy; 33% compliance with preventative maintenance routines; 33% compliance with logging temperatures; 33% compliance with general tidiness nursing; 33% compliance with bathrooms clean and dust free; 33% compliance with walls in good repair; in Lambton, 67% of call bells not in reach and broken tub used as storage; in Kent, tub room untidy 75% of time and 50% of unsafe items located in resident space (hanger; medicated creams in tub room); hand hygiene completed 63% of time

March 8/12 - Of 10 room audits, 70% were missing a room chair; 30% had a bad odour present, missing waste basket in both room and washroom and room walls, door and baseboards needed repair.

April 19, 2012 - Of 4 room audits, 75% were missing a room chair and 50% had odours present; 43% care caddies not cleaned; 31% care caddies not labeled; 19% care caddies not well stocked; 24% of all personal items not labeled appropriately; in Lambton 70% resident rooms require some form of wall maintenance painting; 70% of floors require refinishing; of 36 residents audited, 25% were in the wrong continence care product.

The areas of concern do not identify who is responsible for follow - up, any action plan to correct the deficiencies and/or the date due/completion date.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
Specifically failed to comply with the following subsections:**

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. Observations made, throughout the inspection, revealed several damaged walls, doors, door frames, flooring and sink vanities in residents' bedrooms and washrooms; garbage cans in tub rooms and residents' washrooms were overflowing with soiled incontinent products; raised toilet seats were observed soiled and not secured to toilet; window screens in need of cleaning; floors stained/dirty in main dining room, under nurses' desk and residents' rooms; Spa room fan/vent clogged with dust, ceiling tiles damaged/water stained; tub lift chair broken with sharp edges exposed; stained wheelchair/RoHo cushions; stained lounge chair; outside patio area not clean with bird feces in several areas, chairs rusted, no umbrella provided and weathered benches; missing shingles from roof and safety strips missing from ramp. A review of the maintenance request book revealed no documented evidence that these issues had been identified.

2. The cutlery on all 24 dining room tables was observed, during the lunch meal, with visible water spots present and some stained spoons.

There was debris embedded in the handles of two dining room utility carts, which are used to transport fluids to the dining room tables. The shelf supports were also heavily soiled.

White plastic basins, used to contain ice and milk at meal times, were observed with a sticky, porous substance embedded on them.

The main dining room servery floor was dirty and stained. The fridge freezer, cupboard shelves and drawers were not clean. The sugar holders, on 11 dining room tables, were observed to be soiled, with hard debris built up inside them.

[LTCHA, 2007, S.O. 2007, c.8, s.15(2)(a)(c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the the home, furnishings and equipment are kept clean and sanitary and are maintained in a safe condition and good state of repair, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

- (a) preserve taste, nutritive value, appearance and food quality; and**
- (b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).**

Findings/Faits saillants :

1. Interviews conducted with 6 residents revealed that the the food is: too salty, lousy, atrocious, mushy, bland, often cold, not fit for a dog, run out, late getting served, too much frozen items and not enough fresh food items.

Two residents shared that if a resident does not like the main entree or alternative, the resident is then offered bread and butter or bread and peanut butter only.

[O. Reg. 79/10, s.72(3)(a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all food and fluids in the food production system are prepared, stored and served using methods to preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
 4. Monitoring of all residents during meals.
 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
 6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
 7. Sufficient time for every resident to eat at his or her own pace.
 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).
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Findings/Faits saillants :

A PSW was observed, in the front lounge area, feeding thickened juice to an identified resident. The PSW was standing over the resident, who was sitting in a reclined position.

A different PSW was observed, in the front lounge, feeding lemonade to another identified resident. The PSW was standing over the resident, who was sitting in a reclined position.

[O. Reg. 79/10, s.73(1)10]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure proper techniques are used to assist residents with eating, including safe positioning of residents who require assistance, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following subsections:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

- (a) procedures are developed and implemented to ensure that,
 - (i) residents' linens are changed at least once a week and more often as needed,
 - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
 - (iv) there is a process to report and locate residents' lost clothing and personal items;
- (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;
- (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and
- (d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

Inspector # 145 observed, on residents' beds, several worn pillow cases, sheets and bed spreads containing holes and were stained. Incontinent bed pads, on residents' beds and on clean linen carts, were observed to be stained. Towels were also observed to be stained and dull in appearance.

Lambton linen storage area was observed to contain a few towels but no bed linens present.

On a different resident's bed, it was observed that bottom sheet was bunched up and crumbs were found in the bed, after it had been made by nursing staff.

[O. Reg. 79/10, s.89(1)(b)(c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure there is a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by the residents and that linen, face cloths and bath towels are kept clean and sanitary and maintained in a good state of repair, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following subsections:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.
3. A missing or unaccounted for controlled substance.
4. An injury in respect of which a person is taken to hospital.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

A critical incident report was not submitted to the Director related to an incident involving a lift transfer. The Director of Care confirmed that the incident had not been reported to the Director.

[O. Reg. 79/10, s.107(3)4]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home informs the Director following incidents in the home, within the required legislative time frames, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

Three residents and one family member shared that, due to staffing shortages, they do not always receive two baths/showers each week and missed baths are not caught up.
Two Personal Support Workers confirmed that there are frequent staffing shortages, especially on week-ends, and residents do not always receive two baths/showers each week.

[O. Reg. 79/10, s.33(1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his/her choice, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

During a lift transfer, an identified resident sustained an injury. The Director of Care shared that the lift equipment had not been checked prior to transferring the resident.

[O. Reg. 79/10, s.36]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids
Specifically failed to comply with the following subsections:**

**s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and
(b) cleaned as required. O. Reg. 79/10, s. 37 (1).**

Findings/Faits saillants :

1. On May 2 and 3, 2012, the following were observed not labeled, in an identified shared washroom: 3 Toothbrushes, 4 toothpaste , 1 bar soap , 1 mouthwash , 1 razor, and 2 urinals on grab bar.

[O. reg. 79/10, s.37(1)(a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure each resident of the home has his/her personal items labeled within 48 hours of admission and of acquiring, in the case of new items, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

Findings/Faits saillants :

An interview with an identified resident revealed that desired bedtime and rest routines, to promote comfort, rest and sleep, were not supported by staff. The Registered Nurse confirmed this. The identified resident's rest periods had been changed without the resident being informed. The Director Of Care was made aware and provided written direction to staff that the identified resident was to receive regularly scheduled rest periods, as well as when needed.

[O. Reg. 79/10, s.41]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that each resident of the home has his/her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs
Specifically failed to comply with the following subsections:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Findings/Faits saillants :

An identified resident sustained numerous falls in 2011. There was only one documented Fall Assessment conducted in July 2011 for this resident, despite entries in the progress notes that the resident was deemed high risk for falls. A Registered Nurse confirmed that there were no falls assessments/reassessments completed for this resident, since July 2011.

The Director of Care confirmed that The Falls Prevention and Management Program (revised June 2011) has been introduced in the home but has not been completely implemented and that a post Fall Assessment instrument has been developed, at the corporate level, but it has not yet been introduced and implemented.

[O. Reg. 79/10, s.48(1)1]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure a falls prevention and management program to reduce the incidence of falls and the risk of injury be developed and implemented in the home, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff Specifically failed to comply with the following subsections:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. A review of the home's education records revealed that Falls Prevention Education (Self Learning Package) was held in January 2012. Of the 150 + staff, only 34 completed the self learning package which is approximately only 22.7 % of staff. The Director of Care acknowledged this during the debriefing interview.

[O. Reg. 79/10, s.221(1)1]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all direct care staff receive training related to Falls Prevention, to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program Specifically failed to comply with the following subsections:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

Inspector # 145 observed open toilet rolls on the back of a toilet, two bedpans (one inside the other) on the back of a toilet, a urine collection container on the floor beside a bed and resident pillows cracked. A dietary aide was observed setting tables in the main dining room. The cutlery was being placed on the tables, not by the handles but by the end that touches residents' food and enters residents' mouths.

[O. Reg. 79/10, s.229(4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all staff participate in the Infection Prevention and Control Program, to be implemented voluntarily.

**WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following subsections:**

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

- 1. Customary routines.**
- 2. Cognition ability.**
- 3. Communication abilities, including hearing and language.**
- 4. Vision.**
- 5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.**
- 6. Psychological well-being.**
- 7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.**
- 8. Continence, including bladder and bowel elimination.**
- 9. Disease diagnosis.**
- 10. Health conditions, including allergies, pain, risk of falls and other special needs.**
- 11. Seasonal risk relating to hot weather.**
- 12. Dental and oral status, including oral hygiene.**
- 13. Nutritional status, including height, weight and any risks relating to nutrition care.**
- 14. Hydration status and any risks relating to hydration.**
- 15. Skin condition, including altered skin integrity and foot conditions.**
- 16. Activity patterns and pursuits.**
- 17. Drugs and treatments.**
- 18. Special treatments and interventions.**
- 19. Safety risks.**
- 20. Nausea and vomiting.**
- 21. Sleep patterns and preferences.**
- 22. Cultural, spiritual and religious preferences and age-related needs and preferences.**
- 23. Potential for discharge. O. Reg. 79/10, s. 26 (3).**

Findings/Faits saillants :

A review of the clinical records for an identified resident revealed there was no documented evidence of an admission assessment to determine the resident's sleep/rest patterns or preferences nor was there any documented evidence of sleep/rest patterns or preferences identified on the care plan. This was confirmed by the Director of Care and Registered Practical Nurse.

[O. Reg. 79/10, s.26(3)21]

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,
 - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
 - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
- (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
 - (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
 - (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
 - (iii) contact surfaces;
- (c) removal and safe disposal of dry and wet garbage; and
- (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The tub lift chair in Elgin Tub room was observed to have debris caked on the underside of it.
2. A strong urine odor was detected from a wheelchair and from the washroom. The washroom fan was not on and when rechecked at 4:32pm, the urine odor was still present, even with the fan on. A strong urine odor was also detected from a different wheelchair and when rechecked at 4:36 pm, the odor remained present.

[O. Reg. 79/10, s.87(2)(b)(i) and (d)]

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. A review of the Administration Audit, Operations/CQI Risk, Monitoring and Reporting policy reveals that the Administrator will complete an Administration Audit on a quarterly basis but the Audit Tool indicates that the Administrator will complete a Weekly Walk-through audit. The Administrator confirmed that the audit is conducted monthly and not weekly or quarterly, as identified in the policy and acknowledged the discrepancy.

[O.Reg. 79/10, s.8(1)(b)]

WN #17: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



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1. A resident's call bell was observed, on the resident's bed, to be pinned with a large safety pin to the top of the pillow surface. The safety pin was located where the resident's head/face would rest on the pillow.
Foot rest extensions for a wheelchair in Lambton were observed resting against the wall in a corner of the room and readily accessible to residents.

[LTCHA, 2007, S.O. 2007, c.8, s.5]

WN #18: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. A registered staff member was observed taking a resident's blood glucose level and administering insulin to two residents, at the main nurses' desk.

A different registered staff member was observed taking a resident's blood glucose level and administering insulin to two residents, at the main nurses' desk.

On both occasions, there were several other residents present in the front lounge area and dining room.

[LTCHA, 2007, S.O. 2007, c.8, s.3(1)8]

Issued on this 22nd day of June, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Marion G. MacDonald



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** MARIAN MACDONALD (137), KARIN MUSSART (145)

**Inspection No. /
No de l'inspection :** 2012_024137_0029

**Type of Inspection /
Genre d'inspection:** Complaint

**Date of Inspection /
Date de l'inspection :** May 2, 3, 4, 8, 9, Jun 13, 14, 19, 2012

**Licensee /
Titulaire de permis :** MEADOW PARK (LONDON) INC
689 YONGE STREET, MIDLAND, ON, L4R-2E1

**LTC Home /
Foyer de SLD :** MEADOW PARK (LONDON) INC.
1210 SOUTHDALE ROAD EAST, LONDON, ON, N6E-1B4

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** ~~DAN GULBERT~~ *Andrew Adamyk mmd*

To MEADOW PARK (LONDON) INC, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
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de soins de longue durée*, L.O. 2007, chap. 8

Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Order / Ordre :

Please prepare and submit a plan to the Inspector by May 18, 2012 which identifies who is responsible for following-up on Quality Improvement deficiencies, identified in the home's departmental audits. The plan must also include measures to ensure the development and implementation of action plans to correct deficiencies, as well as the expected time lines for completion.

The written plan shall be submitted to Marian C. Mac Donald, Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 291 King Street, 4th Floor, London, ON , N6B 1R8 or by email to: LondonSAO.moh@ontario.ca

Grounds / Motifs :

1. A review of the Quality Council Meeting Minutes for January, February, March and April, 2012 revealed that audits were completed and several deficiencies were identified.

Jan. 12/12 - Identified clean bedpans kept in the dirty utility room.

Feb. 16/12 - Identified : 33% compliance of baseboards and corners free of stains and spills; 0% floor finish satisfactory; 0% workshop neat and tidy; 33% compliance with preventative maintenance routines; 33% compliance with logging temperatures; 33% compliance with general tidiness nursing; 33% compliance with bathrooms clean and dust free; 33% compliance with walls in good repair; in Lambton, 67% of call bells not in reach and broken tub used as storage; in Kent, tub room untidy 75% of time and 50% of unsafe items located in resident space (hanger; medicated creams in tub room); hand hygiene completed 63% of time

March 8/12 - Of 10 room audits, 70% were missing a room chair; 30% had a bad odour present, missing waste basket in both room and washroom and room walls, door and baseboards needed repair.

April 19, 2012 - Of 4 room audits, 75% were missing a room chair and 50% had odours present; 43% care caddies not cleaned; 31% care caddies not labeled; 19% care caddies not well stocked; 24% of all personal items not labeled appropriately; in Lambton 70% resident rooms require some form of wall maintenance painting; 70% of floors require refinishing; of 36 residents audited, 25% were in the wrong continence care product.

The areas of concern do not identify who is responsible for follow - up, any action plans to correct the deficiencies and/or the date due/completion date. (137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 22, 2012
mon



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
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**Ministère de la Santé et
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this ^{9th} ^{May} ²⁰¹² day of ^{June} ²⁰¹²

Signature of Inspector /
Signature de l'inspecteur : *Marian E. MacDonald*

Name of Inspector /
Nom de l'inspecteur : MARIAN MACDONALD

Service Area Office /
Bureau régional de services : London Service Area Office