



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

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

**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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 18, 2014	2014_276537_0048	004898-14	Complaint

Licensee/Titulaire de permis

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

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

MEADOW PARK NURSING HOME (CHATHAM)
110 Sandy Street, CHATHAM, ON, N7L-4X3

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

NANCY SINCLAIR (537)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 18, 2014

During the course of the inspection, the inspector(s) spoke with a Resident, the Administrator, Co-Director of Care, Registered Practical Nurse, and three Personal Support Workers.

During the course of the inspection, the inspector(s) made observations, reviewed a clinical record, policies, and relevant documentation and education records.

The following Inspection Protocols were used during this inspection:



Contenance Care and Bowel Management
Falls Prevention
Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed finding of non-compliance with LTCHA requirements and its French translation.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) 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 when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that care is provided to a resident as specified in the plan.

Record review for an identified Resident identified specific interventions in the plan of care related to falls prevention.

Observation of the resident revealed that the resident did not have interventions identified in the plan of care implemented. It was confirmed by a Personal Support Worker and a Registered Practical Nurse that the required interventions as specified in the plan were not in place. [s. 6. (7)]

2. The licensee has failed to ensure that the plan of care is reviewed and revised at any time when the resident's care needs change.

Record review of an identified Resident reveals that the Resident's family member and a Registered Nurse discussed a required change in the residents' plan of care. The notes indicated that the plan of care had been updated to reflect these changes.

Review of the plan of care, and interview of two Personal Support Workers indicate that the residents' plan of care did not reflect the changes in care needs.

Interview of a Registered Practical Nurse and the Co-Director of Care confirm that the expectation is that the plan of care of a Resident should have been reviewed and revised to reflect the resident care need changes. The Registered Practical Nurse updated the plan of care immediately and notified staff of the changes. [s. 6. (10) (b)]



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

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 care is provided as specified and that the plan of care is reviewed and revised at any time when the resident's care needs change, to be implemented voluntarily.

Issued on this 19th day of September, 2014

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