



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 24, 2017	2017_536537_0032	017773-17	Resident Quality Inspection

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), ANDREA DIMENNA (669)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): August 14, 15, 16 and 17, 2017

The following intakes were completed within the RQI:

Log # 032219-16/CIS 2685-000013-16 related to allegations of abuse to a resident.

Log # 018803-16/CIS 2685-000009-16 related to allegations of abuse to a resident.

Log # 035485-16/CIS 2685-000015-16 related to injury to a resident of unknown origin.

During the course of the inspection, the inspector(s) spoke with the Administrator, Staff Educator, Co-Director of Care, two Registered Nurses (RN), four Registered Practical Nurses (RPN), eight Personal Support Workers (PSW), Resident Council representative, Family Council representative, Residents and Families.

The inspector(s) also conducted a tour of all resident areas and common areas, observed residents and care provided to them, medication passes, medication storage areas, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, minutes from meetings and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dignity, Choice and Privacy

Infection Prevention and Control

Medication

Minimizing of Restraining

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. 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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The family of an identified resident stated that the customary routines for the resident, as specified in the plan of care, were not followed.

Interviews were conducted with three Personal Supports Workers (PSW), and all stated the routine they followed for the resident. The routine as specified by each of the three PSWs was not the routine specified in the plan of care. A PSW stated they were not aware if there was a specific routine in the care plan for this resident.

A Registered Practical Nurse (RPN) stated that the routine followed for this resident was not as specified in the plan of care.

The Administrator stated that it would be expected that the customary routine as specified in the plan of care should have been followed.

The severity was determined to be a level 1 as there was minimum risk to the resident. The scope of this issue was determined to be isolated during the course of this inspection. There was a compliance history of this legislation being issued in the home on September 18, 2016 as a Voluntary Plan of Correction (VPC) during the Resident Quality Inspection, May 25, 2015 as a Voluntary Plan of Correction (VPC) during the Resident Quality Inspection and September 18, 2014 as a Voluntary Plan of Correction (VPC) during a Complaint Inspection. [s. 6. (7)]



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Issued on this 8th day of September, 2017

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

Original report signed by the inspector.