

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: February 24, 2023	
Inspection Number: 2023-1329-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: AXR Operating (National) LP, by its general partners	
Long Term Care Home and City: The Meadows, Ancaster	
Lead Inspector Lesley Edwards (506)	Inspector Digital Signature
Additional Inspector(s) Lisa Vink (168)	

INSPECTION SUMMARY

The inspection occurred on the following date(s):
February 13-15, 17, 21-22, 2023.

The following intake(s) were inspected:

- Intake: #00019793 - Proactive Compliance Inspection (PCI).

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Residents’ and Family Councils
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect

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Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that the plan of care for a resident was revised when the resident's care needs changed and care set out in the plan was no longer necessary.

Rational and Summary

On an identified date in February 2023, the doorway to a resident's room included a personal protective equipment (PPE) caddy and signage on their bathroom door identified that additional precautions were required.

A staff member identified that signage was to direct staff in the provision of care and that additional precautions were previously put in place; however, the precautions were no longer required and the signage was not accurate.

The signage and PPE caddy which were no longer necessary were removed.

Sources: Observations of a resident's room, review of the clinical record and interview with staff.

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Date Remedy Implemented: February 13, 2023.

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WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rational and Summary

The IPAC Standard for Long-Term Care Homes, indicated under section 9.1 that Additional Precautions were to be followed in the IPAC program which included the appropriate selection, application, removal, and disposal of Personal Protective Equipment (PPE).

On an identified date in February 2023, a resident, had signage outside of their door which identified they were on additional precautions and how to don and doff PPE.

The directions to don on PPE included the use of a face shield and the final step was to put on gloves.

Directions to remove PPE included the removal of gloves as the first step in the process and provided instructions to remove and discard the face shield.

Two staff were observed to don and doff PPE during the provision of care to the resident.

Following a review of the signage the staff acknowledged they did not follow the directions as posted.

Failure to wear eye protection or donning and doffing as per IPAC standards may have increased the risk of transmission of infections.

Sources: IPAC Standard for Long-Term Care Homes; signage for a resident; observations of donning/doffing of PPE; interview with staff.

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WRITTEN NOTIFICATION: Safe storage of drugs

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

The licensee has failed to ensure that drugs were stored in a medication cart, that was secured and locked when unattended.

Rationale and Summary

On an identified date in February 2023, the medication cart was in the dining room unlocked and unattended with medication strips left on top of the medication cart and there were multiple residents in the dining room. The registered staff was giving medications to a resident and their back was to the

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medication cart and was unaware that the Long Term Care (LTC) Inspector was able to open and close the medication cart drawers.

When the staff member returned they acknowledged the medication was not locked and secured when unattended.

By failing to ensure drugs were secured and locked when unattended posed a risk that drugs were accessible.

Sources: Inspector #506's observation and interview with registered staff.
[506]

WRITTEN NOTIFICATION: Safe storage of drugs

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

The licensee has failed to ensure that controlled substances were stored in a separate locked area within the locked medication cart.

Rationale and Summary

On an identified date in February 2023, the medication cart was in the dining room unlocked and unattended. Registered staff was giving medication to a resident and their back was to the medication cart. The LTC Inspector was able to open the medication cart and access the controlled substances without unlocking the second lock on the medication cart.

The staff acknowledged that the lid was not closed and therefore the controlled substances were not double-locked while in the medication cart, as required.

By failing to ensure controlled substances were stored in a separate locked area within the medication cart posed a risk that controlled substances were accessible.

Sources: Inspector #506's observation and interview with registered staff.
[506]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (5)

The licensee has failed to ensure that an interim Continuous Quality Improvement (CQI) Initiative Report

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for the 2022-2023 fiscal year was prepared.

Rational and Summary

The Executive Director (ED) was not able to produce an interim CQI Initiative Report for 2022-2023 on request.

Sources: A review of Residents' and Family Council Meeting Minutes for 2022 and 2023; interview with the ED and other staff.

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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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