



**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
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Performance Improvement and
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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 26, 2013	2013_276537_0003	L-000927-13	Critical Incident System

Licensee/Titulaire de permis

MIDDLESEX TERRACE LIMITED
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

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

MIDDLESEX TERRACE
2094 GIDEON DRIVE, R.R. #1, DELAWARE, ON, N0L-1E0

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

NANCY SINCLAIR (537)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 21 & 22, 2013

Ali Nasser(#523) Carole Alexander (#112)

During the course of the inspection, the inspector(s) spoke with the Director of Care, the Nurse Manager, the Manager of Resident and Community Services, 2 Personal Support Workers and 2 Residents.

During the course of the inspection, the inspector(s) reviewed a critical incident along with the home's related internal investigation, 2 clinical records, staff education for the Prevention of Abuse and Neglect and staff training and related policies and procedures.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 did not ensure that a resident had care provided in accordance with their individual plan of care.

A clinical record review revealed specific instructions for transferring and toileting an identified resident due to a risk of falls.

The resident was observed by staff to have been transferred and toileted in a way not consistent with the plan of care.

A personal support worker and the Director of Care confirmed that care was not provided as per the resident's plan of care, placing the resident at risk for falls. [s. 6. (7)]



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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 with ensuring that residents are provided care in accordance with their plans of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation
Every licensee of a long-term care home shall ensure,

- (a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;**
- (b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;**
- (c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;**
- (d) that the changes and improvements under clause (b) are promptly implemented; and**
- (e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.**

Findings/Faits saillants :

1. The Licensee has not evaluated the effectiveness of the home's policy for the Prevention of Abuse and Neglect to determine the effectiveness of the policy and to determine what changes and improvements may be required to prevent further occurrences.

This was evidenced by the home not being able to produce an evaluation for 2012 and 2013 and was confirmed by the Director of Care and the Manager of Resident and Community Services. [s. 99. (b)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 216. Training and orientation program



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Specifically failed to comply with the following:

s. 216. (2) The licensee shall ensure that, at least annually, the program is evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 216 (2).

Findings/Faits saillants :

1. The Licensee has not evaluated and updated the home's training and education program in accordance with prevailing practices.
This is evidenced by the home not being able to produce an evaluation for 2012 and 2013 and confirmed by the Manager of Resident and Community Services. [s. 216. (2)]

Issued on this 27th day of November, 2013

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

Nancy Sinclair