



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**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
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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
Feb 20, 2014	2014_253514_0004	L-000078-14	Resident Quality Inspection

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

RUTHANNE LOBB (514), DEIRDRE BOYLE (504), MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 4-7 and February 10, 2014.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Nursing, Nurse Manager, Life Enrichment Director, Nutritional Manager, Office Manager, Manager of Resident/Community Service, MDS RAI Coordinator, Nursing Coordinator, Building Services Supervisor, 2 Attending Physicians, Chief Executive Officer, Social Worker, Chaplain, 4 Registered Nurses, 8 Registered Practical Nurses, 9 Personal Support Workers, 3 Housekeepers, 1 Dietary Aide, 3 Family Members and 40+ residents.

During the course of the inspection, the inspector(s) toured all resident home areas, medication rooms, observed dining service, medication administration, provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices, reviewed residents' clinical records, posting of required information, meeting minutes related to the inspection and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Hospitalization and Death
Infection Prevention and Control
Medication
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care**

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.) 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.



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**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. (1) Every licensee of a long-term care home shall ensure that there is a
written plan of care for each resident that sets out,**

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident.

2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care sets out clear direction to the staff and others who provide direct care to the resident as evidenced by:

1. The current written plan of care for an identified resident included interventions for wound care. There is no documented evidence indicating that the resident has a wound. This was confirmed by a Registered Practical Nurse and Nurse Manager.

2. A Registered Practical Nurse and Nurse Manager confirmed that the care plan interventions for wound care for an identified resident, were not current.

3. The Nurse Manager acknowledged that the home's expectation is that the plan of care accurately reflects the residents' current care requirements and the plan of care did not set out clear direction to the staff and others who provide direct care to the residents. [s. 6. (1) (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 that the plan of care sets out clear direction to the staff and others who provide direct care to the residents., to be implemented voluntarily.



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Issued on this 20th day of February, 2014

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

R Lobb