



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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**
**Division des foyers de soins de
longue durée**
Inspection de soins de longue durée

London Service Area Office
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**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**

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 11, 2016	2016_457630_0024	004345-16	Critical Incident System

Licensee/Titulaire de permis

MEADOW PARK (LONDON) INC
689 YONGE STREET MIDLAND ON L4R 2E1

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

MEADOW PARK (LONDON) INC.
1210 SOUTHDALE ROAD EAST LONDON ON N6E 1B4

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

AMIE GIBBS-WARD (630)

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): July 5, 6 & 7 2016.

The following Critical Incident inspection was conducted:

004345-16/CI 2643-000009-16 - Critical Incident related to alleged staff to resident abuse

The following intakes were inspected at the same time as this Critical Incident inspection and can be found in separate reports:

012812/16/IL-44470-LO – Complaint related to alleged staff to resident verbal abuse

005726-16/IL-43320-LO, IL43189-LO & IL43580-LO – Complaint related to alleged staff to resident verbal abuse, multiple personal care issues and housekeeping

006440-16/IL-43241-LO & IL-43625-LO – Complaint related to alleged neglect, pain management, medication administration and multiple personal care issues

008653-16/IL-43315-LO & IL-43385-LO – Complaint related to resident's bill of rights

005993-16/IL-43300-LO – Complaint related to alleged staff to resident verbal abuse

018957-16/HTLC2966MC-2016-6116 – Complaint related to alleged staff to resident abuse

Inspector #635 (Charles Smith) was also present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Co-Director of Care, the Food Services Supervisor, the Staff Educator, the Resident Family Staff Coordinator, the Quality Nurse, one Registered Nurse (RN), one Registered Practical Nurse (RPN), six Personal Support Workers (PSWs), one Dietary Aide, one family member and three residents.

The inspectors also observed resident rooms and common areas, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home and reviewed staff education records.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Prevention of Abuse, Neglect and Retaliation



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

**1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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 O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:

- 1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).**
- 2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on his or her assessed needs. O. Reg. 79/10, s. 221 (2).**

Findings/Faits saillants :



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1. The licensee has failed to ensure that all staff who provided direct care to residents received training related to abuse recognition and prevention annually.

Review of Critical Incident Report 2643-000009-16 found the management in the home reported that an identified resident had allegedly been verbally abused by a staff member of the home.

During an interview with the Administrator it was reported that this identified resident had been spoken to in an abusive way by a staff member of the home. The Administrator said they took immediate action to investigate and respond to the incident. The Administrator said that the home had no tolerance for abuse of any type including verbal abuse.

Review of education records for the home showed that in 2015 only 71.9 per cent of staff completed the five on-line education courses required by the home related to the prevention and recognition of abuse.

During an interview with the Staff Educator it was reported they were making improvements in the home with the number of staff educated on the prevention of abuse and neglect for 2016. She reported the expectation was that all staff completed the assigned courses annually and acknowledged that they did not achieve that in 2015.

During an interview with Administrator #100 on July 6, 2016, she said training on the prevention of abuse and neglect was a priority in the home and they were working to make improvements in this area. She acknowledged that all staff had not completed the required annual training in 2015. [s. 221. (2)]

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 all staff who provide direct care to residents
receive training related to abuse recognition and prevention annually, to be
implemented voluntarily.***



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Issued on this 11th day of July, 2016

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

Original report signed by the inspector.