

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Original Public Report**

<b>Report Issue Date: March 28, 2024</b>	
<b>Inspection Number:</b> 2024-1564-0002	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> The Corporation of the County of Lambton	
<b>Long Term Care Home and City:</b> Lambton Meadowview Villa, Petrolia	
<b>Lead Inspector</b> Debra Churcher (670)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Kristen Murray (731) Henry Otoo (000753)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): March 18, 19, 20, 21, 2024  
The inspection occurred offsite on the following date(s): March 22, 2024

The following intake(s) were inspected:

- Intake: #00111381 - Proactive Compliance Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

Residents' and Family Councils  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
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)

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

**NC with O.Reg. 246/22 s. 19 – Windows**

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

The licensee failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimetres (cm).

**Summary and Rationale**

A) During an observation on March 18, 2024, there was no screen on the window in a resident room. The environmental Services Supervisor (ESS) acknowledged that resident windows should have screens on the windows.

During the inspection, the home installed a window screen onto the window.

There was low risk to the resident related to the window not having a screen, as the window did not open more than 15 cm and there was no resident in the room at the time the window was identified as having no screen.

B) During an observation on March 18, 2024, there was a sliding patio door on the third floor that was unlocked, with a screen and railing on the outside, and the sliding door opened more than 15 cm. The ESS stated that the sliding patio door would be considered a type of window, and should not open more than 15 cm.

During the inspection, the home installed restrictors on the sliding patio doors that functioned as windows, to prevent them from opening more than 15 cm.

There was low risk to the residents related to the patio sliding door that functioned as a window opening more than 15 cm, as the patio door did have a screen in place, and there was a railing on the outside of the screen.

**Sources:** Observations of the home; and interviews with the ESS, and Administrator.  
[731]

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

Date Remedy Implemented: March 21, 2024

## WRITTEN NOTIFICATION: Plan of Care

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

### Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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.

The licensee failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in their plan.

### Summary and Rationale

The resident required an adaptive aid. During an observation the resident was not provided the adaptive aid. A Dietary Aide identified that the resident was not provided the adaptive aid should have. The Registered Dietitian (RD) stated that the resident should have been provided the adaptive aid.

There was low risk to the resident related to not receiving the adaptive aid as the resident received assistance from staff

**Sources:** Clinical records for the resident, observations of the resident; and interviews with a Dietary Aide, the RD and Nutrition Supervisor. [731]

## WRITTEN NOTIFICATION: Nutrition Care and Hydration Programs

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

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to comply with the home's nutritional care and dietary services and hydration policy related to food safety.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure that written policies and procedures were developed for the nutritional care and dietary services and hydration program and ensure that they were complied with. Specifically, staff did not comply with the licensee's "Food Safety" policy, reviewed April 19, 2023.

**Summary and Rationale**

The home's policy "Food Safety", stated that the Cook or delegate was responsible for taking and recording food temperatures during production and at point of service. The policy stated hot foods must be served to residents at a minimum of 60 degrees Celsius (140 degrees Fahrenheit), cold food must register below 4 degrees Celsius (40 degrees Fahrenheit), and be served to residents at a maximum of 5 degrees Celsius.

On March 19, 2024, for lunch meal service, the home served sloppy joes as the main entrée, marinated vegetables as the main side, deviled eggs as the alternative entrée, and potato salad and pickled beets as the alternative sides. During a review of the food temperature records located in the servery at point of service on March

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

19, 2024, the main entrée and alternative entrée temperatures were both recorded as 181 degrees Fahrenheit. The food temperatures for vegetables and sides were not recorded.

A Dietary Aide, acknowledged that the temperatures from lunch did not match with the alternative option provided, as the entrée was a cold salad plate with deviled eggs, but the temperature was recorded as the same as the sloppy joes. The Nutrition Supervisor acknowledged that the temperatures were not recorded for the cold alternative lunch entrée for March 19, 2024.

As a result of the food temperatures not being taken or recorded as required, there was an increased risk that foods would be served at unsafe temperatures.

**Sources:** The home's policy "Food Safety", number 4-6-12 (Effective April 19, 2023); Weekly Menu; Food Temperature Records, and interviews with a Dietary Aide and the Nutrition Supervisor #109. [731]

## **WRITTEN NOTIFICATION: Menu Planning**

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

**Non-compliance with: O. Reg. 246/22, s. 77 (5)**

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee failed to ensure that the planned menu items were offered and available at each meal.

### **Summary and Rationale**

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

A) The lunch menu located outside the dining room on second floor south home area identified that planned menu items for lunch on March 19, 2024, included lentil soup, and butter tarts for dessert. During lunch meal service, it was observed that minestrone soup was available instead of the lentil soup, and chocolate cake was available instead of the butter tarts. The change in available menu choices were not communicated to the residents. A Dietary Aide identified that the soup and dessert options provided to residents were different than what was listed on the menu. The Nutrition Supervisor acknowledged that changes to the menu should have been updated on the screens in the home areas and communicated to residents.

B) The lunch menu located outside the dining room on second floor south home area identified that planned entrée options for lunch on March 19, 2024, included sloppy joes and a cold salad plate with deviled eggs. A Resident's care plan identified that they liked eggs, hamburger, and sloppy joes. During lunch meal service, it was observed that the resident was not provided an option for their lunch entrée and staff brought out the resident a cold salad plate. A Dietary Aide, the Registered Dietitian and the Nutrition Supervisor acknowledged that the resident should have been provided a choice for their entrée at lunch on March 19, 2024.

C) The lunch menu located outside the dining room on second floor south home area identified that planned entrée options for lunch on March 19, 2024, included sloppy joes and a cold salad plate with devilled eggs. Chocolate cake and fruit cocktail were the two options available for dessert. During lunch meal service, it was observed that a resident was not provided an option for their lunch entrée, or their dessert. A Dietary Aide stated that the resident should have been provided a choice. The Registered Dietitian and the Nutrition Supervisor acknowledged that the resident should have been provided a choice for their entrée and dessert at lunch on March 19, 2024.

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

There was low risk to the residents related to the planned menu items available and the residents not being offered a choice at lunch meal service.

**Sources:** Weekly and Daily Menu; Observations of lunch meal service; Clinical records for a resident, and interviews with a Dietary Aide, the Registered Dietitian and the Nutrition Supervisor. [731]a