



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 11, 2016	2016_457630_0027	006440-16, 005993-16, 008653-16	Complaint

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**Licensee/Titulaire de permis**

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

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

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

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

AMIE GIBBS-WARD (630)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): July 5, 6 & 7, 2016.**

**The following Complaint inspection was conducted:**

**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**

**A Written Notification and Voluntary Plan of Correction identified in this complaint inspection have been issued in the Complaint Inspection report**

**#2016\_457630\_0026 with log #012812-16 for the following:**

**O. Reg 101 (2) Licensee did not keep written records of complaints in the home**

**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**

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

**018957-16/HLTC2966MC-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:**



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**Dignity, Choice and Privacy  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Skin and Wound Care**

**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**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**



### **Findings/Faits saillants :**

1. The licensee has failed to ensure the plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed.

During an interview with an identified resident it was reported that the resident was having increased difficulties with self-care and had been refusing care regularly.

During interviews with multiple identified staff members of the home it was reported that this resident was refusing care including getting fully dressed. It was also reported that this identified resident was requiring increased assistance from staff with care.

Clinical record review for this identified resident found the assessments and plan of care did not reflect the resident's increased need for staff assistance with care or provide guidance for dressing the resident.

During an interview with the Administrator it was reported that it was an expectation in the home that guidance for dressing and care would be in the plan of care and reflect changes in care needs. The Administrator acknowledged that the plan of care for this identified resident did not reflect his decline in self-care or the change in the type of care the staff indicated they had been providing. [s. 6. (10) (b)]

### ***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 the plan of care is reviewed and revised at least every six months and at any other time when the resident's care needs change, 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.**