



**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**

**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 24, 2017	2017_536537_0030	005823-17	Complaint

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

NANCY SINCLAIR (537)

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 17, 18, 19, 20, 21, 24, 25, 26, 27 and 28, 2017

PLEASE NOTE: A Written Notification (WN) #1 under O. Reg.79/10, s. 50. (2) (b) (iv), identified in this inspection (Log # 005823-17) will be issued as a Compliance Order (CO) under Resident Quality Inspection #2017_606563_0014 concurrently inspected during this inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), one Registered Nurse (RN), two Registered Practical Nurses (RPN), and a Personal Support Worker.

The inspector(s) observed care provided to residents, reviewed health records and the plan of care for an identified resident, reviewed assessments, policies, procedures and related training record.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Personal Support Services

Skin and Wound Care

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

1 WN(s)

0 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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
- (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
- (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
- (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Review of a Complaint received by the Ministry of Health and Long Term Care Home infoline included concerns from a family member regarding an identified resident developing an area of altered skin integrity.

Jarlette Health Services policy on the Skin and Wound Care Program Version #2 last revised September 19, 2016, stated in part that a resident with actual alteration in skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds would have a completed wound assessment and treatment record completed with initiation of impaired skin integrity and with any change in treatment.

A Registered Practical Nurse (RPN) stated that when a resident was identified to have an area of altered skin integrity, the RPN would assess the area, and complete a note in the progress notes in Point Click Care (PCC). An assessment would be completed initially and was located under the assessments tab of Point Click Care (PCC). The RPN would be required to reassess weekly and document under a progress note in PCC.



A Registered Practical Nurse (RPN) stated that when an area of altered skin integrity was identified, a note would be completed in PCC, based on the assessment of the altered area of skin integrity. The RPN stated that an assessment would be completed initially for any impaired skin integrity and was located under the assessments tab in PCC, and a progress note would then be completed weekly.

The Staff Educator stated that they were the home's skin and wound lead. The Staff Educator stated that the area of altered skin integrity would be assessed using the "Wound Assessment and Treatment" document, located under the assessment tab in PCC, completed initially by the registered staff who became aware of the altered skin integrity. The Staff Educator stated that a skin note in PCC would be used for an intact area of skin integrity, and a wound note would be used for any break in the skin. The Staff Educator stated that the identified area would then be assessed weekly by a registered staff.

Review of the clinical record did not include any follow up notes in PCC or any assessments after the area of altered skin integrity was initially identified and documented.

The Director of Care stated that an assessment and treatment record had not been completed by registered staff regarding the area of altered skin integrity, and that it was required to be done. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff.

Review of a Complaint received by the Ministry of Health and Long Term Care Home infoline included concerns from a family member regarding an identified resident developing an area of altered skin integrity.

Jarlette Health Services policy on the Skin and Wound Care Program Version #2, last revised September 19, 2016, stated in part that a resident with actual alteration in skin integrity, including skin breakdown, pressure ulcers, skin tears, or wounds would have a wound progress note completed weekly.

A Registered Practical Nurse (RPN) stated that when an area of altered skin integrity



was identified, a note would be completed in PCC initially and a progress note would then be completed weekly.

A Registered Practical Nurses (RPN) stated that when a resident was identified to have an area of altered skin integrity, the RPN would assess and complete a note in the progress notes in Point Click Care (PCC). The RPN would be required to reassess weekly and document under a progress note in PCC.

The Staff Educator stated that a skin note in PCC would be used for an intact area of skin integrity, and a wound note would be used for any break in the skin. The Staff Educator stated that the identified area would be reassessed and documented weekly by a registered staff.

Review of the clinical record did not include any further notes in PCC after the initial area of altered skin integrity had been identified and documented.

The Director of Care stated that after the initial note that identified an area of altered skin integrity, there was no further PCC documentation, and that the expectation was that there be reassessment at least weekly by a member of the registered staff.

The severity of this issue was determined to be a level two as there was minimal harm or potential for actual harm, and the scope was a pattern during the course of this inspection. The home's compliance history was reviewed and this legislation was served as a compliance order on May 25, 2017. [s. 50. (2) (b) (iv)]

Issued on this 6th day of October, 2017

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



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Original report signed by the inspector.