



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 13, 30, Oct 3, 2011; 2011_087128_0021; 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

RUTH HILDEBRAND (128)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Co-Director of Care, Physician, Registered Dietitian, and Nutrition Manager.

During the course of the inspection, the inspector(s) observed beverages being provided to residents and reviewed the clinical chart for one resident as well as policy and procedure manuals.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend: WN - Written Notification, VPC - Voluntary Plan of Correction, DR - Director Referral, CO - Compliance Order, WAO - Work and Activity Order. Legendé: 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.

**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 subsections:**

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;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. On September 13, 2011 at 13:41, the clinical record for an identified resident was reviewed, in the administration area. The glucose monitoring records revealed that the care, as set out in the plan of care, was not provided to the resident as the physician's orders related to glucose monitoring were not followed for 10 of 27 days in the month of July 2011.

On September 13, 2011 at 15:20, a staff interview was conducted with the Director of Care, in the administration area, to query what the home's expectations were in terms of care being provided to residents as per their written plans of care. She indicated that the expectation is that the plan of care is followed and she acknowledged that it was not followed in relation to glucose monitoring for an identified resident who had hyperglycemia.

2. On September 13, 2011 at 11:00, in the administration area, a chart review was conducted of the physician's orders, quarterly medication reviews and the medication administration record for an identified resident. The initial orders, written November 15, 2010, did not provide clear direction to staff. They were clarified later that same day but still did not provide clear direction to staff in relation to glucose monitoring. It was noted that the orders were crossed off &/or had lines drawn through them on the medication administration record each month from January 2011 through to July 2011.

On September 14, 2011 at 11:30, a staff interview was conducted with the Director of Care, in the Administration area, to gauge the home's expectations in terms of clarity of the orders that were written for an identified resident. She stated that "it certainly is confusing" with reference to the written orders for the identified resident because the orders were crossed off and/or changed. She indicated that the home's expectation is that all registered staff should seek clarification when an order is not clear. She acknowledged that the order wasn't clear from the time that it was initially written on November 15, 2010 through to July 2011.

[LTCHA, 2007 S.O. 2007, c.8, s.6(1)(c) and s. 6(7)]

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 a written plan of care for each resident provides clear directions to staff and others who provide direct care to the resident and that the care set out in the plan of care is provided to the resident as specified in the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. On September 13, 2011 at 12:35, the plan of care for an identified resident was reviewed, in the administration area, and it was noted that there was no evidence to support an interdisciplinary assessment of the resident's diabetes and related health conditions, including hyperglycemia and associated risks.

On September 13, 2011 at 15:00, a staff interview was conducted, at the main floor nursing station, with the Co-Director of Care and physician to determine what the home's expectations were in relation to assessing, monitoring and treating hyperglycemia. They acknowledged that the home does not have a comprehensive assessment and monitoring system in place to address hyperglycemia.

[O. Reg. 79/10, s. 26(3) 9, 10 and 13]

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 plans of care are based on, at a minimum, an interdisciplinary assessment of the following with respect to the resident:

- disease diagnosis;*
- health conditions; and*
- any risks relating to nutrition care, to be implemented voluntarily.*

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. On September 13, 2011 at 15:00, the policies and procedures related to the nursing program and specifically, diabetes and hyperglycemia were requested from the Co-Director of Care, at the main nursing station. She was unable to find any policies and acknowledged that the home did not have policies and procedures in place to guide staff in the monitoring and management of hyperglycemia.

On September 13, 2011 at 15:10, a staff interview was conducted with the Registered Dietitian, in the administration area, to query whether there was a policy surrounding referrals to the RD related to elevated glucose levels. She acknowledged that she was not aware of a policy. She also acknowledged that she was not sent a referral related to hyperglycemia for an identified resident.

On September 13, 2011 at 16:20, a staff interview was conducted with the Administrator to gauge expectations related to assessment, monitoring and referral by registered staff when a resident has hyperglycemia. He acknowledged that the registered staff are expected to contact a physician when a resident has hyperglycemia. He also stated that the home needs to put policies and procedures in place to guide registered staff in monitoring hyperglycemia.

[O. Reg.79/10, s.30 (1) 1]

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 a written description of the nursing and nutrition programs include:

- relevant policies, procedures, protocols;
- provides for methods to reduce risk;
- monitoring outcomes; and
- protocols for referral of a resident to specialized resources where required, as related to hyperglycemia and diabetes, to be implemented voluntarily.

Issued on this 3rd day of October, 2011



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Long-Term Care

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Homes Act, 2007

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Soins de longue durée

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prévus le Loi de 2007 les
foyers de soins de longue

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

Ruth Hildebrand