

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 25, 2020	2020_729615_0008	003658-20	Complaint

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**Licensee/Titulaire de permis**

Meadow Park (London) Inc.  
c/o Jarlette Health Services 711 Yonge Street MIDLAND ON L4R 2E1

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

Meadow Park (London)  
1210 Southdale Road East LONDON ON N6E 1B4

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

HELENE DESABRAIS (615)

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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): March 6, 9 and 10, 2020.**

**The following Complaint was inspected during this inspection:**

**Complaint #IL-74916-LO/Log #003658-20 related to skin and wound care, personal support services, reporting and complaints, infection prevention and control, sufficient staffing and prevention of abuse, neglect and retaliation.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Infection Prevention and Control Lead, two Registered Practical Nurses, two Personal Support Workers and residents.**

**The inspector also reviewed clinical records and plan of care for the identified residents, policies and procedures, documentation related to the home's skin and wound management program and other relevant documentation.**

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

**Infection Prevention and Control**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Reporting and Complaints**

**Skin and Wound Care**

**Sufficient Staffing**

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

**2 WN(s)**

**2 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>Légende</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 O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**  
**15. Skin condition, including altered skin integrity and foot conditions. O. Reg. 79/10, s. 26 (3).**

**Findings/Faits saillants :**

The licensee has failed to ensure that the plan of care was based on an interdisciplinary

assessment with respect to the resident's skin condition and altered skin integrity.

On a specific date, Complaint #IL-74916-LO/Log #003658-20 was submitted to the Ministry of Long Term Care (MLTC) related to a resident's skin condition that was not being assessed or monitored by the registered staff.

A review of the home's policy "Resident Rights, Care and Services - Required Programs - Skin and Wound Care - Program" last reviewed October 17, 2018, stated in part "Purpose: To provide an interdisciplinary program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions [...] Altered skin integrity means potential or actual disruption of the epidermal or dermal tissue [...] The program shall ensure that; A resident exhibiting altered skin integrity including skin breakdown, pressure ulcers, skin tears or wounds; 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".

A review of the home's policy "Resident Rights, Care and Services - Required Programs - Skin and Wound Care - Program" last reviewed October 17, 2018, stated in part "Ensure preventive measures to promote skin integrity are implemented."

During an interview, one resident stated that staff were attending to their skin condition.

Review of the physician's order for three residents included a scheduled treatments and interventions for the residents' skin condition.

Review of the three residents' plan of care did not included the residents' skin condition and special treatments and interventions.

During an interview, a Registered Practical Nurse (RPN) stated that, in the past, they were concerned about a resident's skin condition and had called the physician so that the resident could be put on a medication that would help these conditions. The PRN added that the registered staff should have completed a skin assessment for the three residents.

During interviews, a RPN and Personal Support Worker (PSW) stated that the three residents' plan of care did not included the residents' skin conditions and the residents' special treatments and interventions and should have been.

During interviews, the Administrator and the DOC stated that they would expect a skin assessment for the three residents' skin conditions and a plan of care for the residents' skin conditions, special treatments and interventions.

The licensee failed to ensure that the plan of care was based on an interdisciplinary assessment with respect to the residents' skin condition and altered skin integrity.

***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 the plan of care is based on an interdisciplinary assessment with respect to the resident's skin condition and altered skin integrity, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing  
Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

On a specific date, Complaint #IL-74916-LO/Log #003658-20 was submitted to the Ministry of Long Term care (MLTC) related to a resident not receiving their baths twice a week.

Review of the home's policy "Resident Rights, Care and Services - Nursing and Personal

Support Services - Bathing" effective date of September 16, 2013, stated in part "Each resident shall be bathed, twice weekly at minimum" and "In the event that planned bathing activities is not provided as scheduled, negotiate an alternate day and or time, ensuring same is communicated to all staff and documented in keeping with the set standard of the long term care home."

During an interview, a resident stated that they had missed their bath for close to two weeks in the last month.

Review of two residents' task bar in Point Click Care (PCC) for the last 30 days, it was documented that the residents did not receive their baths on two different dates as scheduled. There were no documentation indicating they were rescheduled or given at another time.

Review of a third resident's task bar in PCC revealed that, in the last 30 days, resident did not received their bath on four different days as scheduled. There were no documentation indicating they were rescheduled or given at another time.

During interviews, a Registered Practical Nurse (RPN ) and a Personal Support Worker (PSW), both stated that the three residents did not received their baths twice a week in the last 30 days and should have been rescheduled and given at another time.

During an interview, the Administrator and DOC stated that the three residents had not received theirs baths twice a week and would expect that residents were bathed twice a week.

The licensee failed to ensure that the three residents were bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. [s. 33. (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 the resident is bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.***

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Issued on this 25th day of May, 2020

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

**Original report signed by the inspector.**