



**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**

**Health System Accountability and  
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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|--------------------------------|--|
| Nov 4, 2013                                    | 2013_183135_0064                              | L-000839-13                    | 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**

BONNIE MACDONALD (135)

**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): October 31, 2013.

During the course of the inspection, the inspector(s) spoke with Administrator, Assistant Director of Care, Food Services Manager, Environmental Supervisor, Physiotherapist, Physiotherapist Assistant, Staffing Coordinator, Activation Coordinator, Registered Practical Nurse, Personal Support Worker, 2 cooks and 8 residents.

During the course of the inspection, the inspector(s) reviewed the resident's clinical records, staffing schedules and cleaning procedures. Observations of lunch and snack service and resident's care were conducted in resident home areas.

The following Inspection Protocols were used during this inspection:  
Accommodation Services - Maintenance

Dining Observation

Food Quality

Nutrition and Hydration

Responsive Behaviours

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

#### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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:**

**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; 2007, c. 8, s. 6 (1).**  
**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**  
**(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 :**



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1. A previous order of non-compliance was issued on December 12, 2012, related to providing care as per the plan of care and providing clear directions for staff.

The licensee failed to provide clear direction to staff related to the written plan of care for resident when the following occurred:

The resident's nutritional plan of care states resident is to receive a pudding at PM. snack.

During PM. snack service October 31, 2013, it was observed that the snack diet list did not indicate that resident receives a PM. snack.

During an interview the Personal Support Worker confirmed that no snack is indicated for the resident, however she normally provides resident with applesauce for the pm. snack.

The Food Service Manager acknowledged that the snack list did not provide clear direction for staff when serving snack to resident. [s. 6. (1) (c)]

2. The licensee failed to provide care as per the plan of care when the following occurred:

The plan of care for resident indicates that the resident is to receive a pudding at PM. and HS. snack daily.

Observation of the PM. snack cart revealed that the pudding as outlined in the plan of care was not provided.

A Personal Support Worker confirmed that the pudding was not available for the resident.

The Food Service Manager acknowledged that resident is to be provided pudding as per the nutritional plan of care. [s. 6. (7)]

3. The plan of care for resident revealed that the goal is for resident to participate in 2 group activity programs/month and receive two 1:1 visits weekly.

A record review revealed that the resident attended 1 social event and had three 1 to 1 visits in the month of October, 2013 and not the eight as per the activation goal.



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During an interview the Administrator and the Activation Coordinator confirmed their expectations that care set out in the plan of care be provided to the resident as specified in the plan. [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 ensuring the written plan of care provide clear directions for staff and care set out in the plan of care be provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

**Specifically failed to comply with the following:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

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**Findings/Faits saillants :**



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1. A previous order of non-compliance was issued on December 12, 2012, related to home furnishings and equipment not being kept clean and sanitary.

The licensee failed to ensure that the home, furnishings and equipment are kept clean, sanitary and maintained in a safe condition and in a good state of repair when the following was observed in the main kitchen October 31, 2013:

- The ceiling pipes in the food production area were observed to be covered in dust and in need of cleaning.
- The ice machine was noted to have a mould like substance on the inside of the door and the top of the unit.
- Numerous fruit flies were observed around the juice dispenser and in kitchen.
- Paint was noted to be peeling off the kitchen ceiling.

The Administrator and Food Service Manager observed and confirmed the observations of the Inspector.

During an interview the Administrator confirmed his expectation that the home's furnishings and equipment are kept clean, sanitary and maintained in a safe condition and in a good state of repair. [s. 15. (2) (a)]

***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 ensuring the home's furnishings and equipment are kept clean, sanitary and maintained in a safe condition and in a good state of repair, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**



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**Specifically failed to comply with the following:**

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).**

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**Findings/Faits saillants :**



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1. A previous order of non-compliance was issued on December 12, 2012, related to residents dissatisfaction with meals and food quality.

The licensee failed to ensure that all food and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality when the following occurred:

Seven residents expressed concerns about the quality/taste of the food during lunch service October 31, 2013. The comments made included the following:

- "I wouldn't eat that would you?" "That's not turkey, its turkey roll"
- "I don't eat most of my meals here, a lot of it is processed junk"
- "What is that suppose to be"? "Would you eat that"? (in reference to the romaine salad that had large chunks of romaine and core of tomato in the salad)
- "The meals here are so so"
- "Soup is salty, wish they would use less, you can always add more salt if you want"
- "Look at this salad why does it have to have these big pieces in it"

It was also noted that 5/6 residents served the alternate vegetable salad did not eat it and when queried stated they did not like it.

The Food Service Manager observed the vegetable salad waste at lunch and confirmed this was not a well received menu item and she would look into a replacement.

During taste testing, the Inspector, Food Service Manager and Cook confirmed the soup was salty and the standardized recipe had not been followed.

During an interview the Food Services Manager confirmed her expectation that all food and fluids in the food production system are prepared, stored, and served using methods to that preserve taste, nutritive value, appearance and food quality. [s. 72. (3) (a)]





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***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 ensuring that all food and fluids in the food production system are prepared, stored, and served using methods to that preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.***

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Issued on this 4th day of November, 2013

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

*Bonnie MacDonald Bonnie MacDonald*