

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Public Report

**Report Issue Date:** March 28, 2025

**Inspection Number:** 2025-1025-0002

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Middlesex Terrace Limited

**Long Term Care Home and City:** Middlesex Terrace, Delaware

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 19 to 21 and 24 to 27, 2025.

The following intake was inspected:

- Intake: #00142614 Proactive Compliance Inspection - 2025

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Medication Management  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Staffing, Training and Care Standards  
Quality Improvement  
Residents' Rights and Choices

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Pain Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

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,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure that there was a written plan of care for a resident that set out clear directions to direct care staff related to the care of the resident's previous area of altered skin integrity.

On March 25, 2025, a treatment order was implemented and the resident's plan of care was updated to include specific directions to staff.

**Sources:** Observations of a resident; record review of a resident's electronic medical records; and interviews with registered staff.

Date Remedy Implemented: March 25, 2025

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - i. kept closed and locked,

The licensee has failed to ensure that an emergency exit door was kept secured. The door was found to be unlocked on a date in March, 2025, with no residents in the area at the time of discovery. Staff #104 verified the door was not locked as expected due to a failure of the mag-lock system on the door/door frame. The door was verified as locked on by the inspector after the home completed repairs.

**Sources:** Observation in March, 2025; Interview with staff #103 and staff #104

Date Remedy Implemented: March 21, 2025

**WRITTEN NOTIFICATION: Menu Planning**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 77 (2) (b)**

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,  
(b) is evaluated by, at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home; and

The Licensee has failed to ensure that, prior to being in effect on November 18, 2024, the menu cycle was evaluated and approved by the nutrition manager and

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registered dietitian who were members of the staff of the home. A record review of the home's food committee minutes from November 14, 2024 indicated changes to the upcoming menu cycle were suggested by the residents in attendance at the meeting. The menu cycle evaluation provided by the home was dated after the start of the menu cycle. Furthermore, both the staff #113 and staff #114 recounted in interviews that the menu was not evaluated and approved until after the menu cycle had started.

**Sources:** Record review of LTCH Menu Cycle Evaluation, Food Committee meeting minutes; interviews with staff #113 and staff #114

**WRITTEN NOTIFICATION: Menu Planning**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 77 (2) (c) (ii)**

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,  
(c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration,  
(ii) the residents' preferences, and

The Licensee has failed to ensure that, prior to being in effect on November 18, 2024, preferences of the residents were incorporated into the menu. A record review of the home's food committee minutes from November 14, 2024 indicated changes to the upcoming menu cycle were suggested by the residents in attendance at the meeting. However, the Permanent Menu Change that outlined the resident preferences was not signed until January 14, 2025. Furthermore, staff #113 recounted in an interview that the menu cycle was started on November 18, 2024 without incorporating resident preferences into the menu. They also verified that the resident preferences were not evaluated and approved until January 21, 2025

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**Sources:** Record review of LTCH Permanent Menu Change, LTCH Menu Cycle Evaluation, Food Committee meeting minutes; interview staff #113

## WRITTEN NOTIFICATION: Dining and Snack Service

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that cold foods served on March 21, 2025 at breakfast, and on March 26, 2025 at breakfast and lunch, were served at a safe temperature for the residents.

A record review of the kitchen and main floor dining room temperature logs on two dates in March, 2025 demonstrated that several cold foods served to residents exceeded the maximum cold temperature of 4degrees Celsius (C), by an additional 5degrees C. Staff #114 verified in an interview that the temperatures recorded for cold foods on a date in March, 2025 exceeded the maximum cold temperature of 4degrees C as noted in the home's policy Food Temperature Recording - Production.

**Sources:** record review of policy Food temperature Recording - Production, food temperature logs; interview with staff #114