Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

London District
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Public Report

Report Issue Date: August 6, 2025
Inspection Number: 2025-1539-0004
Inspection Type: Complaint Critical Incident
Licensee: The Corporation of the City of London
Long Term Care Home and City: Dearness Home for Senior Citizens, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 29, 30, 31, 2025 and August 1, 5, 6, 2025

The following intake(s) were inspected:
-CIS M514-000015-25 related to a Fall of resident
-CIS M514-000017-25 related to an Outbreak
-Anonymous complaint related to residents' rights and prevention of abuse for multiple residents

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that alleged emotional and verbal abuse by a visitor towards a resident was immediately reported to the Director.

The Ontario Regulation 246/22 section 2 (1), defines “emotional abuse” as any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks performed by anyone other than a resident, and defines "verbal abuse" as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

A visitor yelled at resident, making intimidating and threatening remarks towards the resident, and there was negative impact to the resident. The incident was not reported to the Director.

The home's Abuse policy stated that every person in the home has a mandatory and legal obligation to immediately report suspected or witnessed abuse, and as per legislative requirement, they should notify the Ministry of allegations of abuse and the information gained from the investigation.

Sources: The home's Abuse policy (#ADMI-02-02-04a, dated November 2024); a resident's clinical records; the home's investigation documentation; and interviews with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that a resident received a skin assessment using a clinically appropriate assessment instrument when an area of altered skin integrity was identified.

Registered staff completed a head to toe assessment when a resident returned to the home, and the resident had an area of altered skin integrity. The procedure in the home's Skin and Wound policy states "skin assessment will be completed when a resident exhibits alterations in skin integrity, including skin breakdown, pressure

ulcers, skin tears or wounds". A staff member verified that the area was considered an area of altered skin integrity and that a skin assessment was not completed when it should have been.

Source: The home's Skin and Wound policy; a resident's clinical records; and an interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to comply with any standard or protocol issued by the Director with respect to infection prevention and control.

Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes 9.1 (f) dated April 2022, states, the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum, Additional Precautions shall include additional Personal Protective Equipment (PPE) requirements including appropriate selection, application, removal and disposal.

During an observation, a staff member was observed assisting a resident in a Droplet/Contact isolation room wearing only a mask and gown. Upon leaving the resident's room, the staff member failed to remove and dispose of their mask before

walking down the hallway.

As per the Droplet/Contact signage posted at the resident's room, the staff member was required to wear eye protection within two meters of the resident and gloves.

Sources: The home's Personal Protective Equipment policy (#IC-03-01-08) and Droplet Precautions policy (#IC-03-01-09); IPAC observations; and interviews with staff.