



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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Performance Improvement 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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 25, 2013	2013_186171_0004	L-000017-13	Complaint

#### Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH CARE, LONDON  
268 Grosvenor Street, P.O. Box 5777, LONDON, ON, N6A-4V2

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

ST. JOSEPH'S HEALTH CARE, LONDON - MOUNT HOPE CENTRE FOR LONG  
TERM CARE - MARIAN VILLA  
200 COLLEGE AVENUE, P.O. BOX 5777, LONDON, ON, N6A-1Y1

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

ELISA WILSON (171)

#### Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 15 and 18, 2013

During the course of the inspection, the inspector(s) spoke with the Director, Coordinator of Resident Care, Registered Nurses, Registered Practical Nurses, Primary Care Partners, Food Service Technicians, Registered Dietitian and Residents.

During the course of the inspection, the inspector(s) reviewed the plans of care for identified residents and observed meal service and resident care.

The following Inspection Protocols were used during this inspection:



Nutrition and Hydration
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes WN (Avis écrit), VPC (Plan de redressement volontaire), DR (Aiguillage au directeur), CO (Ordre de conformité), WAO (Ordres : travaux et activités). The table also contains detailed descriptions of non-compliance with LTCHA requirements and their French equivalents.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



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**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).**
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**Findings/Faits saillants :**

1. The licensee had not ensured the written plan of care provided clear direction to staff and others who provided direct care to the resident.

A diet requisition was completed for a resident requesting a specific food item be added to the evening snack. This request form was signed by staff and entered into the dietary computer system. However the computer system did not print this item on the snack list as it was not allowed on the diet that was ordered for the resident. The plan of care was unclear as to whether the item should be provided as an exception to the diet order or not provided at all. There were no other snacks listed as an alternative.

This resident was documented to be at high nutritional risk. Staff delivering snacks would be unaware of the order for this particular food item as it was not printed on the snack sheets produced by the dietary computer system.

Dietary staff confirmed the plan of care did not provide clear direction regarding the appropriate snack for the resident. [s. 6. (1) (c)]

***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 clear direction is provided to staff and others providing care to the residents regarding resident snacks, to be implemented voluntarily.***



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17.  
Communication and response system**

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

**s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**  
**(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**

**(b) is on at all times; O. Reg. 79/10, s. 17 (1).**

**(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**

**(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**

**(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**

**(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**

**(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

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**Findings/Faits saillants :**

1. The licensee had not ensured that the home was equipped with a resident-staff communication and response system that was easily seen, accessed and used by residents, staff and visitors at all times.

The call bell in one resident room, when pressed by the inspector, did not activate an alarm at the nurses' station. The call bell by the resident's toilet in the same room did not have a cord attached.

Staff on the unit also checked the call bells and confirmed they were not in working order and initiated a maintenance request. [s. 17. (1) (a)]

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints**



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

**s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**

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**Findings/Faits saillants :**

1. The licensee had not ensured written complaints concerning the care of a resident or the operation of a long-term care home were immediately forwarded to the Director (Ministry of Health and Long Term Care).

The licensee had received a written complaint regarding the care of a resident. This complaint and the home's response to the complaint were not forwarded to the Director. This was confirmed by the Coordinator of Resident Care. [s. 22. (1)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

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**Findings/Faits saillants :**

1. The licensee had not ensured that any action taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A resident had a number of care interventions in place. One of the interventions was observed being used by the resident during the inspection; however this intervention was not documented on the kardex or the care plan in the medical record.

Staff confirmed the expectation that this required intervention be in the care plan and kardex for staff reference. [s. 30. (2)]



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**Issued on this 25th day of January, 2013**

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

*Elisa Wilson*