



**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
Performance Division
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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 16, 2013	2013_228172_0026	L-000524-13 L-000553-13	Critical Incident System

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

JOAN WOODLEY (172)

Inspection Summary/Résumé de l'inspection



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 :



1. The Licensee has failed to ensure that the plan of care sets out clear direction to staff and others who provide direct care to the resident.

Resident plan of care indicates that a resident was resistive to care, however, the plan of care does not include as a focus "resistive to care" nor does the plan of care include interventions to give direction to staff as to what to do when a resident is resistive to care.

Care plan review revealed no documentation related to the resident's preference for getting up out of bed in the morning.

Staff interview with Director of Resident Care revealed the home's expectation would be that if a resident is resistive to care that it be addressed as part of the plan of care, as well the time a resident likes to get up in the morning should be documented on the plan of care. [s. 6. (1) (c)]

2. The Licensee has failed to ensure the care set out in the plan of care is provided to the resident

Review of the plan of care clearly identified that 2 staff are to be present for all care provided to a specific resident including transferring, for bed mobility and personal hygiene

Staff interview with the Director of Resident Care confirmed that 2 staff were to be present for all care provided to a specific resident and that there were not 2 staff present when care was provided to this specific resident. [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 to ensure the staff receives clear direction from the plan of care and that the residents receive the care, set out in the plan of care, to be implemented voluntarily.



WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

Findings/Faits saillants :

1. The Licensee has failed to ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep

Staff interview with a member of the registered staff confirmed that staff begin to get residents up out of bed starting at 0530 hours.

Review of Progress notes and Critical Incident report revealed documentation confirming a resident was gotten up from bed for the day at 0500 hours.

Staff interview with Director of Resident Care confirmed this is not the home's expectation that residents will only be gotten up prior to 6 am if it is their preference, and if so it should be documented in their plan of care. [s. 41.]

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 the resident's rest routine is individualized identifying when they prefer to get up in the morning, to be implemented voluntarily.



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Issued on this 16th day of September, 2013

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

Joan L. Woodley RN