



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Ministère de la Santé et des  
Soins de longue durée**

**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  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

London Service Area Office  
130 Dufferin Avenue, 4th floor  
LONDON, ON, N6A-5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin, 4ème étage  
LONDON, ON, N6A-5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 19, 2014	2014_326569_0009	002689-14	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 - ST. MARY'S  
21 GROSVENOR STREET, P.O. BOX 5777, LONDON, ON, N6A-1Y6

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

DONNA TIERNEY (569)

**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): August 13, 14, 15, and  
September 16, 2014**

**During the course of the inspection, the inspector(s) spoke with the Director, Co-ordinator Resident Care, 4 Registered Nurses, 2 EVS Co-ordinators, 1 scheduling team assistant, 1 housekeeper, 3 Residents, and 3 Personal Care Providers.**

**During the course of the inspection, the inspector(s) reviewed the complaint, policies and procedures for staffing, bathing, and housekeeping, schedules for staffing, quality audits for housekeeping, and clinical records.**

**The following Inspection Protocols were used during this inspection:**  
**Accommodation Services - Housekeeping**  
**Personal Support Services**  
**Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**



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**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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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**



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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).**

**s. 6. (9) The licensee shall ensure that the following are documented:**

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
  - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
  - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**
- 

**Findings/Faits saillants :**



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1. The licensee has failed to ensure that there is a written plan of care that sets out the planned care for the resident.

Record review of the plan of care on for an identified resident revealed there were no goals and interventions related to a specific personal care service.

Review of the kardex for an identified resident revealed there were no specific guidelines such as preferences to direct care related to a specific personal care service. This was confirmed in the presence of a Personal Care Provider.

Interview with the Co-ordinator of Resident Care and the Rai-MDS Co-ordinator confirmed that there was no care plan or kardex information on an identified resident related to a specific personal care service and that it is the home's expectation that there should be. [s. 6. (1) (a)]

2. The licensee has failed to ensure that the provision of care set out in the plan of care is documented.

A record review revealed there were 25 missing documentation entries related to personal care provision for 15 identified residents.

Review of home policy "Personal Resident Care" revealed: "completion of personal care is documented by PCPs on the PCP/MDS flow sheet."

Interview with the Co-ordinator Resident Care confirmed the 25 missing documentation entries of 15 identified residents and that it is the home's expectation that documentation on tasks should be completed. [s. 6. (9) 1.]

***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 that there is a written plan of care that sets out  
the planned care for the resident, to be implemented voluntarily.***



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**Issued on this 19th day of September, 2014**

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