

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

Original Public Report

Report Issue Date: August 25, 2023	
Inspection Number: 2023-1520-0005	
Inspection Type: Complaint Critical Incident	
Licensee: St. Joseph's Health Care, London	
Long Term Care Home and City: Mount Hope Centre for Long Term Care, London	
Lead Inspector Kristen Murray (731)	Inspector Digital Signature
Additional Inspector(s) Ina Reynolds (524) Christina Legouffe (730)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): August 17, 18, 21, 22, 23, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00087589 - C596-000045-23: related to an injury of unknown origin • Intake: #00089302 - C596-000052-23: related to resident to resident responsive behaviours • Intake: #00091005 - C596-000060-23: related to falls • Intake: #00093245 - C596-000070-23: related to allegations of abuse • Intake: #00090198: Anonymous complaint related to falls, toileting, and skin & wound concerns <p>The following intakes were completed in this inspection related to falls management:</p> <ul style="list-style-type: none"> • Intake: #00022480 - C596-000021-23 • Intake: #00084434 - C596-000028-23 • Intake: #00086326 - C596-000038-23 • Intake: #00087176 - C596-000043-23 • Intake: #00088766 - C596-000051-23

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

- Resident Care and Support Services
- Contenance Care
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required Programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

The licensee has failed to comply with the home's pain management policy related to pain assessment and management, included in the required pain management program in the home, for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure that written policies and protocols were developed for the pain management program and ensure they were complied with.

Specifically, staff did not comply with the licensee's "Pain: Assessment and Management Of" policy, with a revision date of August 2019.

Summary and Rationale

A Critical Incident Systems (CIS) report was submitted to the Ministry of Long-Term Care related to an injury of unknown origin for a resident.

Clinical records indicated that the resident was exhibiting new signs of pain and no pain assessments were documented at the time of the pain onset.

The home's policy titled "Pain: Assessment and Management Of" (Revised August 2019) stated that residents were to be re-assessed using the Pain Assessment tool when a new type of pain was identified.

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Assessment of residents with dementia/cognitive impairment were to be completed using the Pain Assessment in Advanced Dementia Tool (PAINAD) in the electronic documentation system.

A Registered Nurse (RN) said that a pain assessment should have been completed for the resident when new areas of pain were identified, but was not.

There was risk to the resident related to not having a pain assessment completed when they exhibited new pain.

Sources: Clinical records for a resident, the home's policy "Pain: Assessment And Management Of" (Revised August 2019) and interviews with an RN, and other staff. [730]