

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: January 22, 2024.	
Inspection Number: 2024-1520-0001	
Inspection Type: 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 Ina Reynolds (524)	Inspector Digital Signature
Additional Inspector(s) Pauline Waldon (741071)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): January 15, 16 and 17, 2024.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00099168 CIS #C596-000105-23 related to Environmental Services • Intake: #00100319 CIS #C596-000111-23 related to Environmental Services • Intake: #00101810 CIS #C596-000125-23 related to Medication Management • Intake: #00103337 CIS #C596-000137-23 related to Falls Prevention and Management
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- Intake: #00104026 CIS #C596-000143-23 related to Resident Care and Support Services.

The following intake(s) were completed in this inspection:

- Intake: #00095769 CIS #C596-000082-23 related to Falls Prevention and Management
- Intake: #00096757 CIS #C596-000086-23 related to Falls Prevention and Management
- Intake: #00097032 CIS #C596-000087-23 related to Falls Prevention and Management
- Intake: #00097062 CIS #C596-000088-23 related to Falls Prevention and Management
- Intake: #00100415 CIS #C596-000113-23 related to Medication Management
- Intake: #00100637 CIS #C596-000116-23 related to Falls Prevention and Management
- Intake: #00101159 CIS #C596-000120-23 related to Medication Management
- Intake: #00101278 CIS #C596-000121-23 related to Falls Prevention and Management.

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

Resident Care and Support Services
Medication Management
Infection Prevention and Control
Safe and Secure Home
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

Duty of licensee to comply with plan

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.

The licensee has failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan.

Rationale and Summary:

The plan of care for a resident stated there were specific directions to be followed for positioning the resident's bed while the resident received their feeding and that the resident required hourly safety checks.

A registered practical nurse (RPN) documented that the directions were not followed and that a staff member confirmed they had not checked on the resident at the beginning of their shift. The resident had become ill and required medical attention for further assessment and treatment.

There was a risk to the resident in failing to provide the care set out in the plan of care for proper positioning and safety checks which resulted in medical treatment.

Sources: A Critical Incident Report, resident's progress notes, plan of care and interview with staff.

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WRITTEN NOTIFICATION: Medication Management System

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to ensure that the home's medication management system was followed.

In accordance with Ontario Regulation 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies and protocols are developed for the medication management system to ensure the accurate disposal of all drugs used in the home, and that it must be complied with.

Specifically, staff did not comply with the requirements outlined in the Medication Destruction and Disposal policy regarding the disposal of medication.

Rationale and Summary:

A resident was prescribed a specific medication. The homes Medication Destruction and Disposal policy stated that a second nurse was required to sign and witness the disposal of medication with both nurses signing the disposal section on the drug count sheet.

Upon review of the resident's drug count sheets for a specific period of time, only one nurse signed for the disposal of the medication on multiple dates.

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Nursing staff and an Associate Director of Care (ADOC) acknowledged that two nurses should have signed for the disposal of the medication on the drug count sheets.

There was a risk that by failing to have a second nurse sign for the disposal of the medication, that proper disposal was not completed as required.

Sources: Resident's medication Count Sheets, interviews with staff members.
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