Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: June 21, 2024

Inspection Number: 2024-1520-0003

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	**Inspector Digital Signature**
Tatiana McNeill (733564)	Tatiana McNeill Digitally signed by Tatiana McNeill Date: 2024.06.24 15:10:02 -04'00'

Additional Inspector(s)
Ina Reynolds (524)
Mark Smith (000815)
Alyson Van Egmond (000836)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 4, 7, 10, 11, and 12, 2024
The inspection occurred offsite on the following date(s): June 5, and 6, 2024

The following intakes were inspected:

- Intake: #00110752 – CI #596-000035-24 Related resident support care and services.

- Intake: #00111388 – CI #596-000038-24 – Related to the unexpected death of a resident.

- Intake: #00114816 – CI #596-000063-24 -Related to Falls Prevention and Management.
- Intake: #00115067 -Complaint related to the care and services for a resident.
- Intake: #00116678 - CI #596-000076-24 - Related to Prevention of Abuse and Neglect.

The following intakes were also completed:

- Intake: #00113276 – CI #596-000048-24 -Related to Falls Prevention and Management.
- Intake: #00114083 - CI #596-000058-24 -Related to Falls Prevention and Management.
- Intake: #00115377 – CI #596-000068-24 -Related to Falls Prevention and Management.
- Intake: #00115986 - CI #596-000072-24 -Related to Falls Prevention and Management.

Inspection Manager Amie Gibbs-Ward was on site on June 4, and June 7, 2024

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Infection Prevention and Control
Safe and Secure Home
Responsive Behaviours
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Accommodation Services

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the home, furnishings, and equipment were maintained in a safe condition and in a good state of repair.

Rationale and Summary:

Record review of Point Click Care (PCC) progress notes for a resident indicated staff members were aware of a disrepair in the resident's room. During an observation in the resident's room, it was noted that the drywall was damaged.

In an interview with a Personal Support Worker (PSW) they stated that they were aware of the disrepair in the resident's room but did not report it. In an interview with the Facilities Coordinator (FC) they stated that they were unaware of the disrepair in the resident's room, and they rely on staff to report any needed repairs. FC reviewed the facility software used for maintenance requests and stated that the request for repairs in the resident's room was received and the job had been assigned to a carpenter.

Failure to maintain the resident's room in a safe condition and a good state of repair placed the resident at risk for injury.

Sources: Progress notes, observations of the resident's room, interviews with PSW and FC. [000815]

WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the home's policy to promote zero tolerance of abuse and neglect of residents was complied with when a head to toe assessment was not completed for a resident.

Rationale and Summary

A Critical Incident System (CIS) report was received by the Director as a result of a resident witnessed altercation with another resident.

Review of Mount Hope "Prevention of Abuse and Neglect of a Resident" policy PCC105, last reviewed May 01, 2023, stated that in cases of alleged, suspected or witnessed physical abuse or neglect that the staff were to ensure a head to toe assessment was completed in Point Click Care (PCC).

Review of the resident's clinical records in PCC indicated that a head to toe assessment was not completed. A Registered Practical Nurse (RPN) attended to the residents after the incident had occurred, and completed a skin integrity progress

note but did not complete a head-to-toe assessment for the resident.

In an interview with Director of Care (DOC) they stated that the RPN should have completed a head-to-toe assessment for the resident.

The risk to the resident as a result of not receiving a head-to-toe assessment was low, as there were no injuries from the incident.

Sources: Review of the home's Prevention of Abuse and Neglect Policy; last reviewed May 01, 2023, resident's clinical records, and interview with DOC.[000836]

COMPLIANCE ORDER CO #001 Plan of care

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:
A) Ensure Falls Prevention and Management interventions are in place as per a resident's plan of care.
B) Complete weekly audits related to Falls Prevention and Management interventions for the resident until the order is complied. Ensure documentation, including the dates, times, and the outcome of the audits are kept on file.
C) Ensure the resident's call bell is placed within reach when they are in their bed.

Grounds

The licensee has failed to ensure that the care set out in the plan of care was provided to the residents as specified in their plan.

Rationale and Summary

A) A complaint was received by the Director related to care concerns for a resident. Review of the resident's clinical records indicated that they were at risk for falls. Review of the resident's plan of care noted that they were required to have falls preventions interventions in place.
During the inspection, the resident was observed to be without their falls prevention interventions in place.

In an interview, a Registered Practical Nurse (RPN) stated that the resident required falls prevention interventions, as they were at risk for falls. Assistant Director of Care (ADOC) stated that the resident should have had their fall prevention interventions in place.

There was risk for falls to the resident when their fall prevention intervention were not in place. [733564]

B) Review of a resident's clinical records noted that they had a certain medical diagnosis. Review of the resident's care plan noted that staff were required to have assisted devices in place.

During the inspection, the resident was observed to be without their assisted devices in place.

In an interview with a Personal Support Worker (PSW) they confirmed that the assisted devices for the resident were not in place.

There was risk to the resident's safety when they did not have their assisted devices. [000815]

Sources: Observations of a resident, review of resident's clinical records, interviews with a PSW, RPN, and ADOC.

This order must be complied with by July 26, 2024

COMPLIANCE ORDER CO #002 Required programs

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:
A) Provide training to all Registered Practical Nurses (RPN) on the home's policies for Falls Prevention and Management, specifically related to Head Injury Routine (HIR).
B) Maintain a record of the training provided to the RPN, what the training entailed,

and when the training was completed.

Grounds

The licensee has failed to comply with the Falls Prevention and Management Program in the home for the Head Injury Routine (HIR) for two residents when they had a fall.

In accordance with O. Reg 246/22 s.11. (1) b, the licensee was required to ensure the HIR Protocol Guidelines was complied with as a part of the Falls Prevention and Management Program.

Specifically, staff did not comply with the licensee's "Mount Hope HIR Guidelines" that was part of the licensee's Falls Prevention and Management Program -which stated that a HIR will be initiated when a resident sustained a known or suspected head injury through a fall.

Rationale and Summary

A) A complaint was received by the Director related to care concerns for a resident.

Review of the resident's clinical records indicated that a HIR was initiated as per the HIR Protocol Guidelines of the home after resident sustained a fall.

Review of the "Mount Hope HIR Guidelines" that was part of the licensee's Falls Prevention and Management Program, last revised May 13, 2022, stated that a HIR will be initiated when a resident sustained a known or suspected head injury through a fall. The home's HIR Guidelines indicated that neurological assessments were to be completed every thirty minutes for one hour, every one hour for four hours, every four hours for 16 hours, then every eight hours for sixteen hours. The home's HIR Protocol Guidelines noted that if the registered staff were unable to

complete a neurological check for any reason, the registered staff were required to document the reason in a progress note.

Review of HIR noted that neurological checks were not completed as required.

In an interview, the Assistant Director of Care (ADOC) stated that the HIR was not completed in full at all the interval times required, and there was no documentation in Point Click Care (PCC) indicating the reason why the neurological checks were not completed, as per the home's HIR Guidelines.

There was risk to the resident when they were not neurologically assessed for changes in their level of consciousness or responsiveness for several of the required time periods.

B) A Critical Incident Report (CIS) was submitted to the Director related to a fall a resident sustained.

Review of the resident's clinical records indicated that a HIR was initiated as per the HIR Protocol Guidelines of the home, after the resident sustained a fall.
Review of HIR noted that neurological checks were not completed as required.

In an interview, the Director of Care (ADOC) stated that the HIR was not completed in full at one of the intervals of time required, and there was no progress note documentation in PCC indicating the reason why the neurological checks were not completed, as per the home's HIR Guidelines.

There was risk to the resident when they were not neurologically assessed for changes in their level of consciousness or responsiveness for all the required time periods.

Sources: Review of the "Mount Hope HIR Guidelines", review of resident's clinical records, and interview with ADOC. [733564]

This order must be complied with by July 26, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.