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
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London, ON, N6A 5R2
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Original Public Report

Report Issue Date: August 28, 2024

Inspection Number: 2024-1520-0004

Inspection Type:
Critical Incident
Follow up

Licensee: St. Joseph's Health Care, London

Long Term Care Home and City: Mount Hope Centre for Long Term Care, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 26, 27, 2024

The following intake(s) were inspected:

- Intake: #00119651 - Follow-up #: 1 - CO#002/ 2024-1520-0003 O. Reg. 246/22 - s. 53 (1) 1
- Intake: #00119652 - Follow-up #: 1 - CO#001/ 2024-1520-0003 FLTCA, 2021 - s. 6 (7)
- Intake: #00123887 - C596-000111-24 related to falls prevention

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1520-0003 related to O. Reg. 246/22, s. 53 (1) 1.
Order #001 from Inspection #2024-1520-0003 related to FLTCA, 2021, s. 6 (7)

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

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and wound care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)
(ii) upon any return of the resident from hospital, and

The licensee failed to ensure that a resident received a skin assessment upon a return from hospital.

Rationale and Summary
A resident was transferred to hospital with altered skin integrity and returned to the home. No head to toe skin assessment was completed when the resident returned to the home.

A Resident Care Manager said that the resident had altered skin integrity and should have received a skin assessment upon their return from hospital, but did not.

There was minimal risk of harm to the resident as a result of the skin assessment not being completed.

Sources: Clinical records for a resident and interviews with a Resident Care Manager and other staff.