

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

Public Report

Report Issue Date: January 20, 2025

Inspection Number: 2025-1520-0001

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 14-17 and 20, 2025

The following intake(s) were inspected:

- Intake #00132120/Critical Incident System (CIS) #596-000166-24 related to infection prevention and control
- Intake #00132895/CIS #596-000175-24 related to infection prevention and control
- Intake #00133526/CIS #596-000181-24 related to prevention of abuse and neglect
- Intake #00133986/CIS #596-000182-24 related to infection prevention and control
- Intake #00135021/CIS #596-000191-24 related to prevention of abuse and neglect
- Intake #00135837/CIS #596-000196-24 related to safe and secure home
- Intake #00133848/CIS# 596-000010-25 related to fall prevention and management

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

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Skin and Wound Prevention and Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's care plan was updated to reflect a change to their interventions.

On January 15, 2025, the resident's care plan was updated to reflect a change to their interventions.

Sources: Observations of resident, review of resident's clinical records, and

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interviews with staff #104 and staff #103.

Date Remedy Implemented: January 15, 2025

WRITTEN NOTIFICATION: Infection Prevention and Control

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that several residents were monitored on every shift in January, 2025. Staff #102 recounted in an interview that they were unaware of the requirement for monitoring on every shift. Additionally, the home's Outbreak Control Measures form directed staff to monitor residents twice daily.

Sources: review of Outbreak Control Measures (LTCH form) and progress notes for three residents; interview with staff #102

WRITTEN NOTIFICATION: Reports re: Critical Incidents

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (1) 3.

Reports re: critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

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3. A resident who is missing for three hours or more.

The licensee has failed to ensure that the Director was immediately notified on December 27, 2024, that a resident had been missing from the home more than three hours. A Critical Incident System (CIS) report was submitted to the Director on December 30, 2024.

Sources: Review of CIS report #C596-000196-24, the home's "Code Yellow/Missing Resident Procedure at Mount Hope" LTC009-Resident Care, revised November 29, 2024, and an interview with Executive Director (ED) #101.

WRITTEN NOTIFICATION: Reports re: Critical Incidents

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 1.

Reports re: critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.

The licensee has failed to ensure that the Director was notified within one business day that a resident had been missing from the home less than three hours.

On a date in September, 2024, staff reported that the resident was seen walking down the street by the home. The resident was returned to the home within a short period of time, after the staff member had reported seeing the resident on the street.

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ED #101 acknowledged that the incident had not been reported to the Director.

Sources: Review of the home's "Code Yellow/Missing Resident Procedure at Mount Hope" LTC009-Resident Care, revised November 29, 2024, the home's "Resident Wandering System" policy revised August 2019, and an interview with RPN #103, Director, Clinical Services and Resident Care #113 and Executive Director #101.