

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: May 7, 2025

Inspection Number: 2025-1520-0002

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 dates: March 25, 26, 27, 28, 2025 and April 3, 11, 14, 15, and April 16, 2025

The inspection occurred offsite on the following dates: March 31, 2025 and April 7, 9, 10, 2025

The following intakes were inspected:

- Intake: #00140056 - CIS# 596-000032-25 related to Infection Prevention and Control.
- Intake: #00140558 - CIS# 596-000036-25 related to Infection Prevention and Control.
- Intake: #00140657 - CIS# 596-000038-25 related to Infection Prevention and Control.
- Intake: #00141183 - CIS# 596-000042-25 related to Prevention of Abuse and Neglect.
- Intake: #00141310 - CIS # 596-000043-25 related to Infection Prevention and Control.
- Intake: #00141610 - CIS # 596-000045-25 related to Infection Prevention and Control.
- Intake: #00143112 - CIS# 596-000054-25 related to Infection Prevention and Control.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Resident Charges and Trust Accounts

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: O. Reg. 246/22, s. 102 (7) 11.

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

The licensee failed to ensure their was alcohol based hand rub (ABHR) at point of care in some areas to perform hand hygiene (HH).

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During observations in the home, it was observed that there was no ABHR in some home areas.

The Administrator, informed inspector that wall mounted ABHR pumps were installed and operational in these home areas . Inspector toured to confirm, newly installed ABHR pumps in the homes areas.

Sources: Observations and staff interviews.

Date Remedy Implemented: March 28, 2025

WRITTEN NOTIFICATION: Infection Prevention and Control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that all staff participated in the implementation of the home's Infection Prevention and Control (IPAC) Program when a staff was observed not wearing Personal Protective Equipment (PPE) correctly.

When a staff did not comply with the mandatory policy there was potential risk of exposing residents to respiratory pathogens.

Sources: Observations in the home.

COMPLIANCE ORDER CO #001 Reporting certain matters to Director

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NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 28 (1) 4.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

4. Misuse or misappropriation of a resident's money.

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

The licensee shall:

a) Re-educate the management staff and finance staff on the home's policies and protocols related to reporting of resident abuse and neglect. This must include a review on the different types of alleged abuse including financial abuse, and the staff's role and responsibilities for reporting and responding to alleged, suspected, and witnessed incidents of any type of abuse and neglect.

b) A record of the education provided must be kept in the home. The record must include all materials reviewed, the date(s) the education was provided and completed, the name(s) of the individual(s) who provided the education, and the record must be signed by the staff receiving the education.

Grounds

The licensee has failed to immediately report to the Director when misuse or misappropriation of resident's money was suspected by the home.

The home's accounting team identified a suspected financial misappropriation of several residents' money.

When the home did not report suspicion of misuse or misappropriation of residents' money and the information upon which it was based on to the Director immediately,

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it delayed their ability to respond to these allegations of misuse or misappropriation of residents' money.

Sources: Review of CI, home's investigation notes, and interview with Manager of Treasury and Finance Manager.

This order must be complied with by June 6, 2025

COMPLIANCE ORDER CO #002 Police notification

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

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

The licensee shall:

- a) Re-educate the management staff and finance staff on the home's policies and protocols related to reporting of residents' alleged abuse and neglect to the Police.
- b) A record of the education provided must be kept in the home. The record must include all materials reviewed, the date(s) the education was provided and completed, the name(s) of the individual(s) who provided the education, and the record must be signed by the staff receiving the education.
- c) Report to the Police the suspected financial abuse related to residents.

Grounds

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The licensee has failed to ensure that when they became aware of a suspected incident of financial abuse of resident's money by staff that may constitute a criminal offence, the appropriate Police service was immediately notified. The home's accounting team identified a suspected financial misappropriation of several residents' money.

Once the home had been made aware of the incident, they did not immediately report to the Police the suspected financial abuse that involved multiple residents. During the inspection, the home had contacted the Police to report suspected financial abuse towards a resident who was involved in the incident.

When the licensee did not immediately report the suspected financial abuse related to multiple residents to the police immediately, the Police were delayed in initiating their own criminal investigation into the funds of multiple residents

Sources: Review of CI, home's investigation notes, and interview with Manager of Treasury and Finance Manager.

This order must be complied with by June 6, 2025

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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

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Director

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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.