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

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Public Report

Report Issue Date: September 18, 2025
Inspection Number: 2025-1520-0006
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): September 12, 15, 16, 17, & 18, 2025.

The following intake(s) were inspected:

- Intake: #00155853 / CI# C596-000147-25 related to medication management
- Intake: #00156836 / CI# C596-000156-25 related to staffing & resident care services
- Intake: #00157403 / CI #C596-000161-25 related to prevention of abuse and neglect

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

Resident Care and Support Services
Medication Management
Prevention of Abuse and Neglect
Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #001 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 failed to ensure that the home's Prevention of Abuse and Neglect of a Resident policy was complied.

A) A staff member did not immediately report a witnessed incident of alleged abuse.

The home's policy indicated that if any staff who witness an incident that constitutes resident abuse, were to immediately inform the supervisor.

Sources: Resident clinical records, the home's policy "Prevention of Abuse and Neglect of a Resident" policy, and interviews with staff.

B) Resident clinical records demonstrated that an assessment was not completed after an incident of alleged abuse.

The home's policy indicated that in cases of witnessed physical abuse, the nurse would ensure an assessment of the area for potential injury would be completed at the time of the incident.

Sources: Resident clinical records, the home's policy "Prevention of Abuse and Neglect of a Resident" policy, and interviews with staff.

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 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure that the written policies and protocols for the home's medication management system were implemented.

A)The Long-Term Care home identified that multiple nursing staff members were not physically counting the controlled drug inventory at the end of each shift.

The home's Management of Controlled Drugs policy indicated that at the end of each shift, the outgoing and incoming nurse must verify all controlled substance inventory on the unit.

The Manager Resident Care (MRC) confirmed that nursing staff were not physically counting the narcotics during shift change as per the home's policies.

Sources: The home's internal investigation notes, the home's Management of Controlled Drugs policy, interviews with staff of the home, and resident clinical records.

B) A registered nursing staff member stated they did not report missing medication to the manager when identified.

The home's Management of Controlled Drugs policy stated that discrepancies in the inventory process must be immediately reported to the unit's leadership/immediate supervisor.

The MRC confirmed that they were not made aware of the missing medication on the date it was identified.

Sources: The home's internal investigation notes, the home's Management of Controlled Drugs policy and associated procedures, interviews with staff of the home, resident clinical records.

C)Resident clinical records indicated that a registered staff member had prepared a resident's medication for administration in error and had not informed management.

The MRC confirmed the expectation was that the medication would have been destroyed at that time of the error.

The home's Medication Destruction and Disposal policy indicates medication must be destroyed and disposed of according to the best practice.

Sources: The home's internal investigation notes, the home's Medication Destruction and Disposal policy, interviews with staff from the home, and resident clinical records.