

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: December 4, 2025

Inspection Number: 2025-1520-0008

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): November 24, 25, 27, 28, 2025 and December 1, 2, 3, 4, 2025.

The inspection occurred offsite on the following date(s): November 26, 2025 and December 1, 2025.

The following intake(s) were inspected:

-Intake 00157816/ #C596-000165-25 and Intake 00159409/ #C596-000181-25 related to outbreak management

-Intake 00160018/ #C596-000185-25, Intake 00160687/ #C596-000187-25 and

-Intake 00160858/ #C596-000189-25 related to falls prevention and management

-Intake 00160801/ #C596-000188-25 related to maintenance

This Inspection was completed concurrently to Inspection #2025-1520-0009.

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

Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
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: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

A door to the temporary enclosure for the construction area barricading residents rooms under construction was unlocked and unsupervised. The floor staff confirmed the door should be locked and a contracted employee came and promptly locked the door.

Date Remedy Implemented: November 24, 2025

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

Two residents who exhibited altered skin integrity were not reassessed weekly as clinically indicated.

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

A) The clinical records indicated that a resident returned from hospital with impaired skin integrity was not reassessed weekly in November.

The skin and wound lead acknowledged that the surgical wound was not reassessed weekly, as clinically indicated.

Sources: Clinical records for a resident and interview with staff.

B) Clinical records for a resident identified an altered area of skin integrity after a fall. Additional clinical records indicated that a weekly skin assessment was required and not completed.

The Manager of Resident Care (MRC) acknowledged in an interview that an altered area of skin integrity was not re-assessed weekly.

Sources: Clinical records for a resident and interview with MRC.

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

When a resident's pain was not relieved by initial interventions, including pharmacological intervention, the resident was not assessed using a clinically appropriate assessment instrument.

A resident's clinical records indicated that they required the administration of pain medication following an injury resulting from a fall . The resident received routine and as needed (PRN) pain medication when expressed pain. Following the pain medication administrations, multiple administrations were documented as "ineffective" for the month.

The home's Pain Screening, Assessment and Management - Clinical Pathways policy

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

indicated that the registered staff would refer the resident to the physician or nurse practitioner to review the resident's current pain management regime, based on an assessment of the resident's clinical presentation, pain needs and pain score, and if clinically indicated.

There were no records indicating that the resident was assessed when their pain medications were documented as "ineffective".

The Interim Director of Clinical Services and Resident Care stated that the home's clinically appropriate assessment instrument to assess pain should be completed for a resident when their pain management strategies were not effective. They confirmed that it was not completed.

Sources: Resident 's clinical records; interview with management ; review of the home's Pain Screening, Assessment and Management - Clinical Pathways policy.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was not complied with.

A) In accordance with Additional Requirement 10.2 (c) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the hand hygiene program was not followed when residents were not provided assistance to perform hand hygiene before their meals and snacks.

The residents were not assisted to perform hand hygiene during meal and snack service.

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

Sources: Observations and interview with staff.

B) In accordance with Additional Requirement 9.1 b) under the IPAC Standard, at a minimum, routine practices including hand hygiene was not completed by staff members before and after initial resident/resident environment contact.

The staff members present in the dining room had not performed hand hygiene before, during or after various activities while assisting the residents.

Sources: Observation and interview with staff.