

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**London Service Area Office
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LONDON ON N6A 5R2
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 12, 2020	2020_777731_0024	019618-20, 020147- 20, 020365-20, 020458-20, 020521-20	Complaint

Licensee/Titulaire de permisSt. Joseph's Health Care, London
268 Grosvenor Street P.O. Box 5777 LONDON ON N6A 4V2**Long-Term Care Home/Foyer de soins de longue durée**Mount Hope Centre for Long Term Care
21 Grosvenor Street P.O. Box 5777 LONDON ON N6A 1Y6**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

KRISTEN MURRAY (731), CHRISTINA LEGOUFFE (730)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 27, 28, 29, 30, November 2, and 3, 2020.

The following Complaint intakes were completed within this inspection:

Complaint Log #020458-20 related to insufficient staffing

Complaint Log #019618-20 related to insufficient staffing

Complaint Log #020521-20 related to insufficient staffing

Complaint Log #020147-20 related to insufficient staffing and bathing

Complaint Log #020365-20 related to visitation, continence care, skin and wound, and pain management.

During the course of the inspection, the inspector(s) spoke with the Administrator, the interim Director of Care (DOC), the Quality Specialist, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), agency staff, and residents.

The inspectors also observed resident rooms and common areas, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, and reviewed the written staffing records of the home.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dignity, Choice and Privacy

Pain

Skin and Wound Care

Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

- 3 WN(s)**
- 2 VPC(s)**
- 1 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

**s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that two residents, who experienced altered skin integrity, received skin assessments using a clinically appropriate assessment instrument, and were reassessed at least weekly by a member of the registered nursing staff.

A resident developed an area of altered skin integrity and the area worsened. A skin and wound assessment was not completed when the area was first identified and a weekly skin and wound assessment was not completed the following week. The resident developed additional areas of altered skin integrity and skin and wound assessments were not completed when the areas were first identified.

2. A second resident developed an area of altered skin integrity and a skin and wound assessment was not completed when the area was first identified. The resident developed an additional area of altered skin integrity. Skin and wound assessments completed for four weeks, had both the areas of altered skin integrity documented within the same assessment. The resident did not have weekly skin and wound assessments completed for two consecutive weeks and the following week, one of the areas of altered skin integrity had worsened.

There was an increased risk that the residents' areas of altered skin integrity would worsen in the absence of weekly skin and wound assessments.

The home's Skin Care & Assessment, and Wound Management policy specified that initial assessments should have been completed and signed on the shifts when the wounds were first identified. The policy stated that each individual wound required its own assessment and staff should have documented ongoing weekly assessments.

Sources: Skin Care & Assessment, and Wound Management policy, residents' electronic records including progress notes, skin assessments, electronic treatment administration records, and care plan, and interviews with Interim Director of Care (DOC) and other staff. [s. 50. (2) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of care for bladder, turning and repositioning, intervention application, and pain monitoring was documented for a resident and that bathing was documented for five additional residents.

The clinical records for five residents included incomplete documentation for bathing. Interim DOC stated that they expected that all baths would be documented on Point of Care (POC). Registered Nurse (RN) and other staff members told the inspector that baths were often completed but that staff did not have time to document due to staffing levels and work load. There was an increased risk to the residents related to missed documentation.

2. The clinical records for a resident included incomplete documentation for bladder care, turning and repositioning, pain monitoring, and other resident specific interventions. The expectation in the home was that resident care was documented in Point of Care (POC) by the Personal Support Workers (PSWs) by the end of their shift. There was an increased risk to the resident related to the incomplete documentation.

Sources: Clinical records reviewed for residents, including the "Documentation Survey Report V-2"; the home's policy titled "Personal Resident Care & Hygiene"; and interviews with an RN, an RPN and other staff. [s. 6. (9) 1.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the provision of care set out in the plan of care is documented, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident was bathed at minimum twice per week by the method of their choice.

A complainant brought forward concerns to the Ministry of Long-Term Care (MLTC) identified that a resident had missed baths. The resident told the inspector that they had recently missed baths. The resident's plan of care indicated that they preferred showers. Two Personal Support Workers (PSWs) stated that the resident had recently missed baths or had been provided bed baths due to low staffing levels in the home. Clinical records for the resident showed incomplete documentation for bathing.

There was an increased risk to the resident related to missed baths.

Sources: Clinical records reviewed for a resident including care plan, the "Documentation Survey Report V-2," the home's policy titled "Personal Resident Care & Hygiene," and interviews with the resident, PSWs and other staff. [s. 33. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice, to be implemented voluntarily.

Issued on this 19th day of November, 2020

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : KRISTEN MURRAY (731), CHRISTINA LEGOUFFE
(730)

Inspection No. /

No de l'inspection : 2020_777731_0024

Log No. /

No de registre : 019618-20, 020147-20, 020365-20, 020458-20, 020521-
20

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Nov 12, 2020

Licensee /

Titulaire de permis : St. Joseph's Health Care, London
268 Grosvenor Street, P.O. Box 5777, LONDON, ON,
N6A-4V2

LTC Home /

Foyer de SLD : Mount Hope Centre for Long Term Care
21 Grosvenor Street, P.O. Box 5777, LONDON, ON,
N6A-1Y6

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Andrew Adamyk

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

To St. Joseph's Health Care, London, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (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 a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

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

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must comply with s.50.(2) of O.Reg. 79/10.

Specifically, the licensee must:

- 1) Ensure residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument,
- 2) Ensure resident #002 and #007 are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated,
- 3) Implement a monitoring process to ensure that registered staff are reassessing resident #002 and #007's areas of altered skin integrity weekly. The home must maintain a documented record of the monitoring process until the residents no longer required reassessment.

Grounds / Motifs :

1. The licensee has failed to ensure that two residents, who experienced altered skin integrity, received skin assessments using a clinically appropriate assessment instrument, and were reassessed at least weekly by a member of the registered nursing staff.

A resident developed an area of altered skin integrity and the area worsened. A skin and wound assessment was not completed when the area was first identified and a weekly skin and wound assessment was not completed the following week. The resident developed additional areas of altered skin integrity and skin and wound assessments were not completed when the areas were first identified. (731)

2. A second resident developed an area of altered skin integrity and a skin and wound assessment was not completed when the area was first identified. The resident developed an additional area of altered skin integrity. Skin and wound assessments completed for four weeks, had both the areas of altered skin integrity documented within the same assessment. The resident did not have weekly skin and wound assessments completed for two consecutive weeks and the following week, one of the areas of altered skin integrity had worsened.

There was an increased risk that the residents' areas of altered skin integrity

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

would worsen in the absence of weekly skin and wound assessments.

The home's Skin Care & Assessment, and Wound Management policy specified that initial assessments should have been completed and signed on the shifts when the wounds were first identified. The policy stated that each individual wound required its own assessment and staff should have documented ongoing weekly assessments.

Sources: Skin Care & Assessment, and Wound Management policy, residents' electronic records including progress notes, skin assessments, electronic treatment administration records, and care plan, and interviews with Interim Director of Care (DOC) and other staff.

An order was made by taking the following factors into account:

Severity: The missing weekly skin and wound assessments led to actual risk of the residents' wounds deteriorating. During the time weekly assessments were not completed for a resident, their wound worsened.

Scope: This issue was a pattern, since two out of three residents had missing skin and wound assessments.

Compliance History: A Voluntary Plan of Correction (VPC) was issued for O.Reg. 79/10, s.50.(2) in the past 36 months.
(731)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Dec 09, 2020

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 12th day of November, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Kristen Murray

Service Area Office /

Bureau régional de services : London Service Area Office