



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 19, 2016	2016_260521_0002	036377-15	Complaint

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### **Licensee/Titulaire de permis**

ST. JOSEPH'S HEALTH CARE, LONDON  
268 Grosvenor Street P.O. Box 5777 LONDON ON N6A 4V2

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### **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

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### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

REBECCA DEWITTE (521)

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## **Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): January 5, 6, 7, 8, 11, 12, 13, 14 and 15, 2016.**

**This inspection pertains to a complaint regarding personal care, duty to protect, dining and snack services, transferring and positioning and continence care.**

**During the course of the inspection, the inspector(s) spoke with a family member of a specified resident, the Administrator, a Care Coordinator, the Assistant Care Coordinator, a Registered Nurse, a Registered Practical Nurse, a Personal Support Worker and a resident.**

**Observations of resident care, record review of specified a resident and interviews were completed.**

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

**Continence Care and Bowel Management**

**Dining Observation**

**Falls Prevention**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

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

**4 WN(s)**

**4 VPC(s)**

**0 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>Legendé</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. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the documentation protocol was complied with.

A record review revealed a resident vacated the home on a specific date and time.

A record review of documented care revealed tasks were documented as administered to the resident after the resident had vacated the home, even into the next day.

An interview with management confirmed it was the home's protocol that all documentation was to be completed at the point of care and this protocol was not complied with. [s. 8. (1) (b)]

***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 documentation protocol is complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance**

**Specifically failed to comply with the following:**

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, 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. 2007, c. 8, s. 20 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the written policy that promotes zero tolerance of abuse and neglect of residents was complied with.

A complaint received to the Ministry of Health, revealed concerns that a resident had experienced verbal abuse by staff.

A record review of the resident progress notes revealed the resident had reported concerns of "rude" staff to the nurse.

The nurse considered this rude treatment as an alleged verbal abuse, but had not reported this to the upper management.

A review of the Abuse and Neglect of Residents policy revealed the alleged verbal abuse should have been reported to the management immediately.

An interview with the management confirmed it was the home's expectation that the alleged verbal abuse should have been reported following the Abuse and Neglect of Resident's policy. [s. 20. (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 written policy that promotes zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning  
Specifically failed to comply with the following:**

**s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,  
(a) three meals daily; O. Reg. 79/10, s. 71 (3).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that each resident was offered a minimum of three meals daily.

A complaint received revealed concerns that a resident had not received three meals daily.

A record review revealed on two dates a resident had not received their lunches.

An interview with the management confirmed the resident had not received lunches on two specified dates. The management confirmed it was the home's expectation that each resident was to be offered a minimum of three meals daily. [s. 71. (3) (a)]

***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 is offered a minimum of three meals daily, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

**Specifically failed to comply with the following:**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:  
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the home had a dining and snack service that included providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

A complaint received revealed concerns that a resident required an assistive device and did not receive the assistive device when it was required.

A record review of progress notes revealed the resident was to have access to the assistive device.

A review of the admission dietary assessment 2.0 completed revealed the resident did not have the assistive device during the assessment.

A review of the care plan revealed the assistive device was not initiated until later.

An interview with the staff confirmed the resident did not have the required assistive device and it was the home's expectation that residents have eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. [s. 73. (1) 9.]

***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 that the home has a dining and snack service that includes providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible, to be implemented voluntarily.***

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**Issued on this 20th day of January, 2016**

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

**Original report signed by the inspector.**