



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 25, 2018	2018_729615_0014	028882-17, 028885-17, 028889-17, 002579-18	Follow up

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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**

HELENE DESABRAIS (615)

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

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): May 10 and 11, 2018.**

**This follow-up inspection was completed related to Order #001 inspection #2017\_566669\_0035/Log #026074-17 related to infection prevention and control.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC) and a Resident Assessment Instrument Consultant (RAI-Consultant).**

**The inspector also reviewed residents' clinical records and other relevant documentation.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 162.	WN	2017_701515_0001		615
O.Reg 79/10 s. 162. (3)	CO #002	2017_701515_0001		615
O.Reg 79/10 s. 162. (5)	CO #003	2017_701515_0001		615
LTCHA, 2007 S.O. 2007, c.8 s. 44.	WN	2017_701515_0001		615
LTCHA, 2007 S.O. 2007, c.8 s. 44. (7)	CO #001	2017_701515_0001		615

**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. 229. Infection prevention and control program**

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

**s. 229. (5) The licensee shall ensure that on every shift,  
(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that on every shift, symptoms indicating the



presence of infection in residents were monitored in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices; and the symptoms were recorded and that immediate action was taken as required.

On January 22, 2018, during Resident Quality Inspection #2017\_566669\_0035, Compliance Order (CO) #001 was issued and the licensee was ordered to take action to achieve compliance by ensuring that a process was developed and implemented to monitor and record symptoms indicating the presence of infection in residents on every shift. This order was to be complied with by February 12, 2018.

During the entrance conference in the home, on May 10, 2018, the ED stated that a process was developed to monitor and record symptoms of infection in residents and that it was implemented. The ED gave the inspector all the documentation for review.

A review of the home's new policy "Surveillance and process of data collection" reviewed February 2018 stated in part "Procedure: The registered staff will: 1) Monitor all residents for signs and symptoms of infection, 2) Complete the Daily Infection Control Surveillance Record, 3) Ensure that the appropriate transmission-based precautions are implemented immediately should any pattern of symptoms suggest an outbreak is in progress, 4) Note any patterns of symptoms and report these to the Infection Control Practitioner/designate".

The inspector reviewed three residents clinical records that were identified on the home's "infection Control Surveillance Record" with symptoms of infection. The three residents' progress notes, on specific dates, stated that they presented symptoms of infection and to continue to monitor for any further symptoms.

A review of the three residents' clinical record had no documented evidence that the residents' symptoms of infection were monitored and recorded on every shift on the Daily Infection Control Surveillance Record or progress notes in Point Click Care (PCC).

During interviews, the ED, DOC and RAI Coordinator stated that the three residents were experiencing signs and symptoms of infection and that the symptoms of infection monitoring and recording were not completed for the residents and that the home's expectation would be that staff monitored and recorded symptoms of infection in residents on every shift and on the Daily Infection Control Surveillance Record and PCC. [s. 229. (5) (a)]



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***Additional Required Actions:***

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

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**Issued on this 25th day of June, 2018**

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

**Original report signed by the inspector.**



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**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 Homes Division  
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**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** HELENE DESABRAIS (615)

**Inspection No. /**

**No de l'inspection :** 2018\_729615\_0014

**Log No. /**

**No de registre :** 028882-17, 028885-17, 028889-17, 002579-18

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Jun 25, 2018

**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 :** Ruthanne Foltz

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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:



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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**      2017\_566669\_0035, CO #001;  
**existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (5) The licensee shall ensure that on every shift,  
(a) symptoms indicating the presence of infection in residents are monitored in  
accordance with evidence-based practices and, if there are none, in accordance  
with prevailing practices; and  
(b) the symptoms are recorded and that immediate action is taken as required.  
O. Reg. 79/10, s. 229 (5).

**Order / Ordre :**

The licensee shall ensure that the process they developed to monitor and record  
symptoms indicating the presence of infection in residents on every shift is  
implemented.

**Grounds / Motifs :**

1. The licensee has failed to ensure that on every shift, symptoms indicating the  
presence of infection in residents were monitored in accordance with evidence-  
based practices and, if there were none, in accordance with prevailing practices;  
and the symptoms were recorded and that immediate action was taken as  
required.

On January 22, 2018, during Resident Quality Inspection #2017\_566669\_0035,  
Compliance Order (CO) #001 was issued and the licensee was ordered to take  
action to achieve compliance by ensuring that a process was developed and  
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infection in residents on every shift. This order was to be complied with by  
February 12, 2018.

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that a process was developed to monitor and record symptoms of infection in  
residents and that it was implemented. The ED gave the inspector all the  
documentation for review.





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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

A review of the home's new policy "Surveillance and process of data collection" reviewed February 2018 stated in part "Procedure: The registered staff will: 1) Monitor all residents for signs and symptoms of infection, 2) Complete the Daily Infection Control Surveillance Record, 3) Ensure that the appropriate transmission-based precautions are implemented immediately should any pattern of symptoms suggest an outbreak is in progress, 4) Note any patterns of symptoms and report these to the Infection Control Practitioner/designate".

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During interviews, the ED, DOC and RAI Coordinator stated that the three residents were experiencing signs and symptoms of infection and that the symptoms of infection monitoring and recording were not completed for the residents and that the home's expectation would be that staff monitored and recorded symptoms of infection in residents on every shift and on the Daily Infection Control Surveillance Record and PCC. [s. 229. (5) (a)]

The severity of this issue was determined to be a level two as there was minimal harm or potential for actual harm, and the scope was widespread during the course of this inspection. This area of noncompliance was previously issued as a Voluntary Plan of Correction (VPC) during the RQI #2016\_457630\_0045 on December 12, 2016, and as a CO during the RQI #2017\_566669\_0035 on January 22, 2018. (615)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Jun 26, 2018



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section 154 of the *Long-Term Care  
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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 Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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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:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and 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](http://www.hsarb.on.ca).



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## **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 de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603



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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)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et 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](http://www.hsarb.on.ca).

**Issued on this 25th day of June, 2018**

**Signature of Inspector /  
Signature de l'inspecteur :**



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**Name of Inspector /**

Helene Desabrais

**Nom de l'inspecteur :**

**Service Area Office /**

**Bureau régional de services :** London Service Area Office