

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: April 14, 2025

Inspection Number: 2025-1407-0002

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: St. Joseph's Care Group

Long Term Care Home and City: Hogarth Riverview Manor, Thunder Bay

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 7 - 10, 2025.

The following intake(s) were inspected:

- An intake related to Follow-up #: 1 - FLTCA, 2021 - s. 6 (9) 1, Plan of care.
- An intake related to alleged neglect of a resident by staff.
- An intake related to alleged physical/emotional abuse of resident by a resident.
- An intake related to a complaint concerning management of responsive behaviours.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1407-0001 related to FLTCA, 2021, s. 6 (9) 1.

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

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Continence Care
Resident Care and Support Services
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Documentation

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

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.

The licensee has failed to ensure the provision of care set out in the plan of care was documented accurately for a resident.

A review of a resident's health records and the long-term care home's (LTCH) investigation files, revealed that staff did not accurately document the provision of care that was provided.

Sources: Resident's health care records; LTCH's investigation file; and interview with Clinical Managers.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

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s. 56 (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee has failed to ensure that a resident who required continence care products had sufficient changes to remain clean, dry and comfortable. Staff did not provide a resident assistance with continence care as they required.

Sources: A resident's health care records; LTCH's investigation file; and interview with Clinical Managers.

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