

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: May 13, 2025

Inspection Number: 2025-1306-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Riverside Health Care Facilities Inc.

Long Term Care Home and City: Rainy River Health Centre, Rainy River

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 28 - 30, 2025 and May 1, 2025

The inspection occurred offsite on the following date(s): May 5, 6, 2025

The following intake was inspected:

- One intake - Proactive Compliance Inspection

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

Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Quality Improvement
Pain Management
Skin and Wound Prevention and Management
Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards

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Residents' Rights and Choices

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: FLTCA, 2021, s. 85 (3) (r)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The licensee failed to ensure the policy with the explanation of the protections afforded under section 30, whistle-blowing, was posted in the home.

The homes' whistle-blowing policy was not posted on the bulletin board as observed during the initial tour.

Further observations conducted later in the week, revealed this policy was posted.

Sources: Observations of the homes' bulletin board on two dates; and an interview with the Administrator/DOC.

Date Remedy Implemented: April 30, 2025

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WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan.

A resident was not provided with what they required at a meal service.

Sources: Observations of a meal service; review of a resident's health care records; and interviews with a Registered Practical Nurse (RPN), and the Registered Dietitian (RD).

WRITTEN NOTIFICATION: Council advice

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee failed to ensure the advice of the Residents' Council in carrying out the Resident and Family/Caregiver Experience Survey and in acting on its results, was sought.

Sources: Interview with the Administrator/DOC.

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WRITTEN NOTIFICATION: Family Council

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

Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee has failed to ensure, when there was no family council, semi-annual meetings were convened to advise such persons of the right to establish a Family Council.

Sources: Interview with the Administrator/DOC.

WRITTEN NOTIFICATION: Doors in the home

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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.

The licensee failed to ensure all doors leading to non-residential areas were locked when they were not being supervised by staff.

A door leading to a non-residential area was unlocked on two dates and staff were not in the area.

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Sources: Observations on two dates; and interviews with RPNs.

WRITTEN NOTIFICATION: Air temperature

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure the temperature required to be measured, was documented at least once every morning, once every afternoon, and once every evening or night.

A review of temperature logs for a recent time period, revealed several gaps in documentation.

Sources: Review of temperature logs and an interview with Maintenance Manager.

WRITTEN NOTIFICATION: General requirements

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under

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paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to ensure a written record related to the Skin and Wound Care Program and to the Pain Management Program, that was evaluated under paragraph 3, included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Sources: Policy: Pain Management Program and Policy: Skin and Wound Care Program; Interview with DOC.

WRITTEN NOTIFICATION: Nursing and personal support services

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

There was no written record of an evaluation of the current staffing plan which should have been evaluated and updated at least annually in accordance with

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evidence-based practices.

Sources: Review of Staffing Contingency Plan, September 2024.

WRITTEN NOTIFICATION: Skin and wound care

NC #009 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;

The licensee has failed to ensure that two residents who were exhibiting altered skin integrity were reassessed at least weekly by an authorized person.

Two residents presented with altered skin integrity, necessitating consistent monitoring and timely reassessment. While some skin assessments were completed, subsequent reassessments did not adhere to the required weekly timeframe.

Sources: Health records for two residents; and an interview with an RPN.

WRITTEN NOTIFICATION: Skin and wound care

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Skin and wound care

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

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(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

The licensee has failed to ensure a resident, who was exhibiting a skin condition that is likely to require or respond to nutrition intervention, was assessed by a registered dietitian.

A review of the residents' health care records indicated they presented with altered skin integrity. However, no referral was completed to a registered dietitian following the discovery of the altered skin integrity.

Sources: Health care records of a resident; Interviews with the registered dietitian and an RPN; Policy: Skin and Wound Care Program, last updated June 26, 2024.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee failed to ensure that the nutritional programs included the

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development and implementation of policies and procedures relating to nutritional care.

Pursuant to O. Reg. 246/22 r. 11 (1) (b), the licensee was to ensure that written policies and procedures for monitoring food temperatures were complied with.

During the inspection, a meal service was observed.

The point of service food temperature records were reviewed with the cook and it was determined the temperatures had not been taken for the meal. Further review of the records, identified several meals, over the previous two weeks had not had food temperatures recorded.

Sources: Review of the point of service food temperature records, over a nine day period; homes' policies titled, "Point of Service Food Temperature Record DEP-FOO-580" and "Temperature of Food Point of Service - DEP-FOO-545"; and interviews with the Cook and the Food Services Supervisor (FSS).

WRITTEN NOTIFICATION: Menu planning

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (2) (c) (iii)

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle, (c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration, (iii) current Dietary Reference Intakes (DRIs) relevant to the resident population. O. Reg. 246/22, s. 390 (1).

The licensee failed to ensure that the home's fall/winter menu cycle, was approved for nutritional adequacy by the Registered Dietitian (RD) with consideration of the

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current Dietary Reference Intakes (DRIs) relevant to the resident population.

Review of the Fall/Winter 2024/25 menu, indicated that due to the number of edits made for resident preferences and facility product procurement and availability, the current nutritional analysis was not applicable.

The RD reported that they had not included the DRIs when they had approved the Fall/Winter 2024/25 menu.

Sources: Review of the Fall/Winter 2024/25 menu; and an interview with the RD.

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