Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central East District
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Original Public Report

Report Issue Date: August 29, 2023	
Inspection Number: 2023-1022-0004	
Inspection Type: Proactive Compliance Inspection	
Licensee: ATK Care Inc.	
Long Term Care Home and City: River Glen Haven Nursing Home, Sutton West	
Lead Inspector Jennifer Brown (647)	**Inspector Digital Signature** Jennifer Brown Digitally signed by Jennifer Brown Date: 2023.08.29 16:08:48 -04'00'
Additional Inspector(s) Asal Fouladgar (751)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 14-18, 21, 2023.

The following intake(s) were inspected:

- One intake related to a Proactive Compliance Inspection (PCI)

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

Medication Management
Food, Nutrition and Hydration
Safe and Secure Home
Quality Improvement
Pain Management
Falls Prevention and Management
Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils
Housekeeping, Laundry and Maintenance Services

Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints
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)
FLTCA, 2021, s. 85 (3) (c)

The licensee failed to ensure the home's policy to promote zero tolerance of abuse and neglect of residents was posted in a conspicuous and easily accessible location in the home.

Summary and Rationale

An initial tour was conducted as part of this Proactive Compliance Inspection (PCI). In the area where the required postings were posted, the home's policy to promote zero tolerance of abuse and neglect of residents was not noted.

The Administrator confirmed the above information was not posted. After the interview with the Administrator, the information was noted to be posted on the same day.

There was no risk to the resident's safety and well-being when this information was not posted.

Sources: Observations, Interview with the Administrator.
[751]

Date Remedy Implemented: August 14, 2023.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 85 (3) (r)

The licensee failed to ensure that an explanation of the protections afforded related to whistle blowing was posted in a conspicuous and easily accessible location in the home.

Summary and Rationale

An initial tour was conducted as part of this PCI. The home's explanation of whistle blowing protection was not noted in the area where the required postings were posted.

The Administrator confirmed the above information was not posted. After the interview with the Administrator, the information was noted to be posted on the same day.

There was no risk to the residents when this information was not posted.

Sources: Observations, Interview with the Administrator.
[751]

Date Remedy Implemented: August 14, 2023

WRITTEN NOTIFICATION: Continuous Quality Improvement (CQI) Committee

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.

The licensee has failed to ensure that the home's pharmacy service provider was a member of their continuous quality improvement (CQI) committee.

Summary and Rationale

A review of the meeting minutes for the CQI committee, indicated that a pharmacy service provider was not in attendance. The Administrator confirmed that a pharmacy service provider was not a member of the CQI committee.

By failing to include a pharmacy service provider on the CQI committee, the opportunity for input related to medication relating to residents was lost.

Sources: CQI meeting minutes, and an interview with the Administrator.
[647]

WRITTEN NOTIFICATION: Continuous Quality Improvement (CQI) Committee

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (1)

The licensee has failed to ensure that the home published a report on their continuous quality improvement (CQI) initiative on its website.

Summary and Rationale

A review of the home's website and an interview with the Administrator both confirmed the home's website was not revised to include their CQI initiative report.

By failing to post the CQI initiative report on the website, the opportunity to share information to outside stakeholders was lost.

Sources: Home's website, and an interview with the Administrator.
[647]

WRITTEN NOTIFICATION: Additional training — direct care staff

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.

The licensee failed to ensure that according to paragraph 6 of subsection 82 (7) of the Act, all staff who provided direct care to residents, completed their annual re-training related to Falls prevention and management.

Rationale and Summary

During this Proactive Compliance Inspection (PCI), review of the home's annual training record for all staff who provided direct care to residents titled "Fall Prevention Education for the Interdisciplinary Team and Direct Care Staff" and "Falls Quality Improvement Education" indicated 75 percent (%) completion.

The Administrator confirmed the completion of the above training was not 100% and the home is following up with the staff who failed to complete the required training modules.

Failing to complete required re-training for staff who provide direct care to residents, may affect the quality of care being provided to the residents.

Sources: The home's course completion record related to Falls prevention and management titled "Module 2: Fall Prevention Education for the Interdisciplinary Team and Direct Care Staff" and "Falls Quality Improvement Education", interview with the Administrator.
[751]

WRITTEN NOTIFICATION: Additional training — direct care staff

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (1) 2.

The licensee failed to ensure that according to paragraph 6 of subsection 82 (7) of the Act, all staff who provided direct care to residents, completed their annual training related to Skin and wound care.

Rationale and Summary

During this PCI, review of the home's annual training record for all staff who provided direct care to residents titled "Skin and Wound Care for Care Staff" and "Skin and Wound Care for Registered Staff" indicated 73.1% and 60% completion.

The Administrator confirmed the completion of the above training was not 100% and the home is following up with the staff who failed to complete the required training modules.

Failing to complete required re-training for staff who provide direct care to residents, may affect the quality of care being provided to the residents.

Sources: The home's course completion record related to Skin and wound care titled "Skin and Wound

Care for Care Staff" and "Skin and Wound Care for Registered Staff", interview with the Administrator.
[751]

WRITTEN NOTIFICATION: Additional training — direct care staff

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (1) 4.

The licensee failed to ensure that according to paragraph 6 of subsection 82 (7) of the Act, all staff who provided direct care to residents, completed their annual re-training related to Pain management, including pain recognition of specific and non-specific signs of pain.

Rationale and Summary

During this PCI, Inspector #751 reviewed the home's annual training record for all staff who provided direct care to residents related to Pain management which included three modules.

Module one titled "The Pain Experience: A Module for Direct Care Staff" indicated 69.2% completion. Module two titled "Pain Assessment and Management: A Module for Registered Staff" indicated 60% completion, and Module three titled "Pharmacological Pain Management: A Module for Registered Staff", indicated 60% completion.

The Administrator confirmed the completion of the above training modules was not at 100% and the home is following up with the staff who failed to complete the required training modules.

Failing to complete required re-training for staff who provide direct care to residents, may affect the quality of care being provided to the residents.

Sources: The home's course completion record related to Pain management titled "The Pain Experience: A Module for Direct Care Staff", "Pain Assessment and Management: A Module for Registered Staff", and "Pharmacological Pain Management: A Module for Registered Staff", interview with the Administrator.
[751]