

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: October 9, 2025

Inspection Number: 2025-1022-0004

Inspection Type:
Complaint

Licensee: ATK Care Inc.

Long Term Care Home and City: River Glen Haven Nursing Home, Sutton West

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 2 - 3, 6 - 9, 2025.

The following intake was inspected:

- An intake of a complaint related to resident care and services.

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and wound care.

NC #001 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;

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The licensee has failed to ensure the resident with altered skin integrity was reassessed at least weekly by the registered staff. The subsequent weekly required skin and wound assessment tool was not completed after the identification of the altered skin integrity for the resident.

Sources: complainant information, the resident's electronic health records, and interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Responsive behavior.

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

Non-compliance with: O. Reg. 246/22, s. 58 (2) (c)

Responsive behaviours

s. 58 (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,

(c) co-ordinated and implemented on an interdisciplinary basis.

The licensee has failed to ensure that, for all programs and services, the matters referred to in subsection (1) were, co-ordinated and implemented on an interdisciplinary basis when the resident exhibited responsive behavior. A review of the home's policy on responsive behavior program policy indicated that the registered staff must determine follow-up actions, such as to make a referral to the Behavioural Support Team (BST), when a resident exhibited responsive behavior. However, the registered staff indicated that a specific follow-up action was not completed and should have been done.

Sources: complainant information, home's security camera footage, the resident's electronic health records, and staff interviews with the registered staff and the DOC.

WRITTEN NOTIFICATION: Responsive behavior.

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

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The licensee has failed to ensure that actions were taken to respond to the needs of the resident, including assessments and interventions were documented, when the resident exhibited responsive behavior. A review of a home's record indicated that the resident exhibited a responsive behavior towards another resident on an identified date. Multiple staff of the home, for example, management and nursing staff, were aware of their interaction the same day. However, no documentation was completed on the resident's electronic health record system related to their assessment and interventions after the occurrence of their interaction with another resident on that day.

Sources: complainant information, a home's record, the resident's electronic health records, and staff interview with the registered staff.

WRITTEN NOTIFICATION: Additional training - direct care staff.

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

Non-compliance with: O. Reg. 246/22, s. 261 (2) 1.

Additional training — direct care staff

s. 261 (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 82 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 82 (7) of the Act.

The licensee has failed to ensure that all staff who provide direct care to residents received their annual training on abuse recognition and prevention in 2024. Multiple direct care staff did not complete their required retraining by the end of 2024.

Sources: complainant information, home's 2024 training records on abuse recognition and prevention, and interview with the DOC.



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

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