

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: May 25, 2023	
Inspection Number: 2023-1067-0003	
Inspection Type: Complaint Critical Incident System	
Licensee: Revera Long Term Care Inc.	
Long Term Care Home and City: Garden City Manor, St. Catharines	
Lead Inspector Nishy Francis (740873)	Inspector Digital Signature
Additional Inspector(s) Karlee Zwierschke (740732)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 11-14, 17-20, 24-28, May 1-3, 2023.

The following intakes were inspected in this complaint inspection:

- Intake #00014997 related to pain management, resident care, and menu planning,
- Intake #00018522 related to abuse, resident care and housekeeping,
- Intake #00021763 related to falls prevention and management, skin and wound care.

The following intakes were inspected in this critical incident (CI) inspection:

- Intake #00002428/CI: 2364-000026-22, intake #00002858/CI: 2364-000011-22, intake: #00014619/CI: 2364-000050-22, intake #00018471/CI: 2364-000011-23, intake #00021450/CI: 2364-000022-23, intake #00022557/CI: 2364-000026-23, intake #00084239/CI: 2364-000032-23 related to alleged abuse
- Intake #00017995/CI: 2364-000006-23 related to falls prevention and management

The following intakes were completed in this inspection:

- Intake #00016203/ CI:2364-000052-22, intake #00016327/CI: 2364-000053-22, intake #00016600/CI: 2364-000055-22, intake #00016620/CI: 2364-000056-22, intake #00017305/CI: 2364-000001-23, intake #00019384/CI: 2364-000013-23, intake #00020357/CI: 2364-000016-23, intake #00020396/CI: 2364-000017-23, intake #00020841/CI: 2364-000020-23, and intake #00086078/CI:2364-000037-23 related to falls prevention and management.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Pain Management
- Falls Prevention and Management

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.19(2)(a)

The licensee has failed to ensure furnishings are kept clean and sanitary.

Rationale and Summary

The substitute decision maker (SDM) had stated a resident's shared washroom was frequently soiled and that they had verbally complained of the same. Observations of the residents shared washroom confirmed the washroom was soiled.

Housekeeping staff stated they cleaned the rooms once during the day and again, if the room was reported to be soiled. The resident had a language barrier preventing them from communicating to staff. During the inspection, the housekeeping manager implemented a routine for housekeeping staff to check the residents washroom more frequently during the shift. In a follow up observation, the resident's washroom was observed to be clean and sanitary. This non-compliance was identified as having low risk to the resident and was remedied during the inspection.

Sources: Initial observations; interview with housekeeping staff, and the housekeeping manager.

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Date Remedy Implemented: April 11, 2023. [740873]

WRITTEN NOTIFICATION: Duty to Protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

The licensee has failed to ensure that two residents were protected from sexual abuse.

O. Reg. 246/22 s. 2. (1) identified for the purposes of the definition of "abuse" in subsection 2 (1) of the Act, "sexual abuse" was defined as any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

Rationale and Summary

A. On separate identified dates, a resident touched two residents inappropriately. On all occasions, the residents were separated. All residents had cognitive impairment, impaired decision-making skills, and could not recall the incident. The Director of Care (DOC) and a registered nurse (RN) confirmed the home utilized the cognitive performance scale (CPS) to describe a resident's cognitive status. They stated that both residents had moderate to severe cognition and did not have the capacity to provide consent to inappropriate touching.

B. On several identified dates, a resident touched another resident inappropriately. On all occasions, the residents were separated. Both residents had a cognitive impairment, impaired decision-making skills, and could not recall the incident. The DOC, two different RNs confirmed the resident could not provide consent to touching.

The residents' cognitive deficit and communication difficulties placed them at risk for sexual abuse by other residents. After the first documented incidents, the home failed to protect the residents from subsequent inappropriate touching.

Sources: Review of resident's clinical record; interview with the DOC, and staff. [740873]

WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (2)

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The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

Rationale and Summary:

On an identified date, a resident touched another resident inappropriately. The home's policy on resident-to-resident abuse stated the resident is to have a skin assessment completed after any incidents of abuse. The DOC confirmed a skin assessment was not completed, and that this should have been completed.

Sources: Interview with the DOC, policy titled "LTC-Dementia Care", revised April 2022, review of resident clinical record. [740873]

WRITTEN NOTIFICATION: Licensee Must Investigate, Respond and Act

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

Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)

The licensee has failed to ensure that a witnessed incident of abuse of a resident was immediately investigated.

Rationale and Summary:

On an identified date, a resident touched another resident inappropriately. A staff witnessed the interaction and separated the residents. The home's policy on abuse investigations indicated that upon notification of allegation of abuse, the executive director or designate was to conduct an immediate and thorough internal investigation; interview potential witnesses and gather documented signed statements.

The Director of Care (DOC) said that a component of the home's investigation process was to interview staff who witnessed the incident and were present during the incident. The DOC acknowledged this was not done and should have been completed immediately following the incident.

Sources: Interview with staff and the DOC, record review of document titled Resident Non-Abuse – Toolkit for Conducting an Alleged Abuse and/or Neglect Investigation. [740873]

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2

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The licensee has failed to ensure that any person who has reasonable grounds to suspect abuse of a resident immediately report the suspicion and the information upon which it was based to the Director.

Rationale and Summary:

On an identified date, a resident touched another resident inappropriately. A staff witnessed the interaction and separated the residents. The staff reported the incident to a nurse who was present at the time. There was a delay from the time of the incident to when it was reported to the Director. The DOC and a RN confirmed the incident should have been reported immediately.

Sources: Record review of residents' clinical record, home's policy "Resident Non-Abuse program", revised March 31, 2022; interviews with staff, and the DOC. [740873]

WRITTEN NOTIFICATION: Responsive Behaviours

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

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

The licensee failed to ensure that when a resident demonstrated responsive behaviours, actions taken to respond to the needs of the resident, including assessments, interventions and the resident's responses to interventions were documented.

In accordance with O. Reg 246/22 s. 11(1)(b) the licensee is required to ensure that registered staff completed an Interdisciplinary Responsive Behaviour Huddle when a resident demonstrated responsive behaviors.

Specifically, staff did not comply with the policy "LTC-Dementia Care", dated April 5, 2022, which was included in the licensee's Responsive Behaviours Program.

Rationale and Summary:

On identified dates, two PSWs documented in a separate folder that a resident demonstrated responsive behaviours that required intervention. PSWs stated they communicated this to the registered staff. Registered staff confirmed the responsive behaviours should have been documented in an Interdisciplinary Responsive Behaviour Huddle intervention and were not.

When assessments, interventions and the resident's responses to interventions were not documented in the Interdisciplinary Responsive Behaviour Huddle intervention, there is risk that the resident's behaviours were not captured and analyzed in the weekly responsive behaviour rounds.



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

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Sources: Record review of resident clinical record, home's policy titled "LTC-Dementia Care", revised April 5, 2022; interviews with staff. [740873]