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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: September 12, 2023

Inspection Number: 2023-1621-0006

Inspection Type:
Complaint
Critical Incident

Licensee: The Corporation of the Municipality of Chatham-Kent

Long Term Care Home and City: Riverview Gardens, Chatham

Lead Inspector	**Inspector Digital Signature**
Debra Churcher (670)	Debra Churcher Digitally signed by Debra Churcher Date: 2023.09.15 13:05:27 -04'00'

Additional Inspector(s)
Julie DAlessandro (739)
Cassandra Taylor (725)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 22, 23, 24, 25, 28, 29, 30, 31, 2023

The following intake(s) were inspected:
- Intake: #00020495 – Related to alleged resident to resident sexual abuse.
- Intake: #00084412 – Related to alleged resident to resident sexual abuse.
- Intake: #00086678 – Related to alleged staff to resident abuse.
- Intake: #00090237 – Related to alleged resident to resident sexual abuse.
- Intake: #00093861 – Related to alleged resident to resident physical abuse.
- Intake: #00093903 – Related to a complaint alleging neglect.
- Intake: #00094774 – Related to a complaint alleging neglect.
- Intake: #00093483 – Related to a fall with injury.

The following intakes were completed in this inspection: Intake #00086968, #00088914, #00089934 and #00092901 were related to falls.

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

Resident Care and Support Services
Continence Care
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee failed to ensure that a resident's plan of care was provided to the resident as specified in the plan.

Rationale and Summary:
Record review of a resident's plan of care indicated that the resident required specific equipment for an aspect of their care.

Multiple observations were completed and the resident did have the specific equipment in their room.

During an interview with a Personal Support Worker (PSW) they stated although the equipment was present they did not use the specific equipment.

A Nurse Manager acknowledged that the care provided to the resident was not provided as specified in the plan.

Sources:
A resident's plan of care, observations of the resident's room, and staff interviews with a PSW and a Nurse Manager.

[739]

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (8)

The licensee failed to ensure that staff who provided direct care to a resident were kept aware of the contents of the resident's plan of care and had convenient and immediate access to it.

Rationale and Summary:
Record review of a resident's medication administration record (MAR) showed that the resident had an order for an intervention as needed. A review of the Kardex, a record the PSW's used to view interventions, had not included the intervention.

Multiple observations of the resident's room were completed and the intervention was available.

During an interview with a PSW they stated that they had assisted the resident to use the intervention on occasion and also stated that the intervention was not on the residents Kardex and they did not have access to the MAR.

A Nurse manager acknowledged that PSW's do not have convenient and immediate access to the MAR and the intervention should have been on the Kardex.

Sources:
A resident's MAR and Kardex, observations of resident's room, as well as interviews with a PSW and a Nurse Manager.

[739]

WRITTEN NOTIFICATION: Documentation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

The licensee failed to ensure that the use of treatment for a resident was documented as set out in the

plan of care.

Rationale and Summary:
Record review of a resident's treatment administration record (TAR) for a four month period the resident was to have a treatment applied twice weekly. A review of progress notes for eight specific dates showed that the resident did not receive the treatment.

During an interview with a Nurse Manager they acknowledged that there was missing documentation in the TAR related to when the treatment had been applied to the resident.

Sources:
A resident's TAR and progress notes as well as an interview with a Nurse Manager.

[739]

WRITTEN NOTIFICATION: Treatments

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 18.

The licensee failed to ensure that a resident's plan of care was based on assessment of special treatments and interventions.

Rationale and Summary:
A progress note indicated that a resident's physician was aware of the request for an intervention and that a new referral had been completed and faxed to the required physician.

A review of the prescriber's digiorder in the resident's chart included an order from the resident's attending physician to refer to the physician for the requested intervention and stating that it had been faxed and including the reason for referral.

Review of the progress notes for 11 months post order did not show any follow-up related to the referral for interventions.

During an interview with a Nurse Manager they acknowledged that the referral for a resident to receive special treatment and intervention was not followed up on.

Sources:
A resident's progress notes, digiorder form, and referral form as well as an interview with a Nurse Manager.

[739]

WRITTEN NOTIFICATION: Continence Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

The licensee failed to ensure that a resident, who required continence care products, had sufficient changes to remain clean and dry.

Rationale and Summary:
Inspector #739 received photographs of a resident in soiled pants and sitting on a wet cushion.

Record review of a resident's care record report included that incontinent product checks were completed and documented every 4 hours from 0300 hours to 2100 hours and then again at 2300 hours.

During interviews with a PSW and an RPN they stated that the resident was incontinent of urine and they have seen their pants soiled.

A Nurse Manager acknowledged that checking and changing the resident's incontinent product every four hours was not sufficient for the resident to remain clean and dry.

Sources:
A resident's care record related to incontinent product checks, photographs of the resident in soiled pants, and interviews with a PSW, RPN, and a Nurse Manager.
[739]

WRITTEN NOTIFICATION: Positioning

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

The licensee failed to ensure that a resident, who required assistance at mealtime, had a dining service which included safe positioning.

Rationale and Summary:
Record review of the resident's progress notes for a specific date indicated that staff had reported that the resident had experienced adverse effects due to positioning in their chair.

Multiple observations were made throughout the inspection and the resident was observed to be positioned incorrectly.

A Nurse Manager acknowledged that the resident was not positioned safely in their chair.

Sources:
A resident's progress notes, observations of the resident and interview with a nurse manager.

[739]

WRITTEN NOTIFICATION: Complaint Process

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

The licensee failed to ensure that every written complaint made to the licensee concerning the care of a resident included the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

A record review of four written complaints related to the care and services for a resident was completed. There had been no indication that the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman had been provided to the complainant.

During an interview with a Nurse Manager they acknowledged that the information had not been provided to the complainant.

Sources: complaints related to the care of a resident and an interview a with Nurse Manager.

[739]

COMPLIANCE ORDER CO #001 Duty to Protect

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee must be compliant with FLTCA s. 24 (1)
Specifically the licensee must:
Implement interventions that ensure that a specific resident is supervised during waking hours by a person that is not part of the normal staffing compliment on the unit.

Grounds
The licensee has failed protect residents from abuse by anyone.

The licensee has failed protect multiple residents from sexual abuse by a specific resident.

Rationale and Summary:
Review of a specific resident's clinical record showed that the resident had multiple incidents of sexual behavior towards other residents, staff and visitors on 14 days.

The resident's care plan included interventions to manage the risk to other residents for these behaviors.

During an interview with a Registered Practical Nurse (RPN) they acknowledged that the interventions that were in place for the resident were not effective. The RPN shared that there were times that the resident had one to one staffing however that was when they had staff on modified duties, and it was not consistent.

During interviews with a Nurse Manager (NM) they stated that four of the identified residents would not be capable of providing consent and one resident did not consent and had called for help.

The resident with the sexual responsive behaviors was observed by this inspector to be in the common lounge, unsupervised, and moving around the home.

Sources:
A resident's clinical record, observations and interview with an RPN and NM.

[670]

This order must be complied with by September 21, 2023

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.