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

# Public Report

**Report Issue Date:** January 29, 2025

**Inspection Number:** 2025-1621-0001

**Inspection Type:**
Critical Incident

**Licensee:** The Corporation of the Municipality of Chatham-Kent

**Long Term Care Home and City:** Riverview Gardens, Chatham

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 20, 21, 23, 24, 27, 29, 2025

The following intake(s) were inspected:

- Intake: #00133018 -IL-0133987-AH/M626-000099-24 – related to resident-to-resident responsive behaviours
- Intake: #00133304 - M626-000104-24 – related to alleged physical abuse
- Intake: #00133342 -M626-000105-24 – related to resident-to-resident responsive behaviours
- Intake: #00134454 -IL-0134602-AH/M626-000115-24 – related to resident-to-resident responsive behaviours
- Intake: #00134641 - IL-0134724-AH/M626-000118-24 – related to an injury of unknown etiology
- Intake: #00134726 - M626-000119-24 – related to improper/incompetent treatment of a resident
- Intake: #00136529 -M626-000002-25 – related to Infection Management and Control
- Intake: #00137313 - M626-000004-25 – related to Infection Management and Control

- Intake: #00137483 - IL-0135947-AH/M626-000005-25 – related to resident-to-resident responsive behaviours.
- Intake: #00137526 - IL-0135990-AH/M626-000006-25 – related to resident-to-resident responsive behaviours
- Intake: #00137988 - IL-0136156-AH/M626-000008-25 – related to resident-to-resident responsive behaviours.

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

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

# 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: O. Reg. 246/22, s. 93 (2) (b)**
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented

for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces;

The licensee failed to ensure that the disinfectant available on the unit was used as per manufacturer specifications. On January 27, 2025 it was noted that a disinfectant product that was specified by the manufacturer to have expired in October, 2024 was in active use on the outbreak unit.

The product was replaced on January 29, 2025.

Sources: observation, interview with staff.

Date Remedy Implemented: January 29, 2025
NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
**Non-compliance with: O. Reg. 246/22, s. 272**
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee failed to ensure that hand all hand sanitizer product on the outbreak unit was not expired as per applicable directives issued by the Chief Medical Officer of Health or a medical officer of health. As per a directive on page 24 of

'Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings' issued by the Ministry of Health, all hand sanitizer available in the home must have not been expired.

All products were replaced on January 29, 2025.

Sources: observation, interview with staff.

Date Remedy Implemented: January 29, 2025

## WRITTEN NOTIFICATION: Skin and wound care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)**
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,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that a resident received an assessment after sustaining a minor injury. A staff member confirmed the expectation would have been that an assessment would have been completed and was not.

Sources: Critical Incident report, resident clinical records and staff interview.

## WRITTEN NOTIFICATION: Response to Allegation

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. ii. B.**
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,
ii. an explanation of,
B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief,

The licensee failed to respond to a written allegation of abuse within 10 business days with a written explanation of why the allegation was unfounded. The home received an email alleging abuse of a resident. No written explanation of what the home did to resolve the concern and/or why it was unfounded was provided.

Sources: investigation notes, interview with staff and the licensee's complaint policy.

## COMPLIANCE ORDER CO #001 Altercations and other interactions between residents

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
**Non-compliance with: O. Reg. 246/22, s. 59 (b)**
Altercations and other interactions between residents
s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,
(b) identifying and implementing interventions.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

1. Complete a review with all Registered staff, Personal Support Worker (PSW) Staff and any staff that may provide 1:1 staffing for a resident, on the detailed duties and expectation of the 1:1 staffing assignment.
2. Maintain a written record of the information provided, when the review was completed and all staff that attended.
3. Nurse Manager or designate to complete twice daily audits to ensure 1:1 staffing is in place as required for resident a resident for two weeks.
4. Maintain a written record of the audit, who completed the audit, date and time and any corrective action if required.

**Grounds**

The licensee failed to ensure that a resident with the intervention of 1:1 staffing was fully implemented to minimize the risk of altercations. When the resident had been previously involved in incidents as an aggressor where co-residents had been involved. The Nurse Manager had confirmed the 1:1 intervention had not been utilized as required.

**Sources:** Critical Incident Reports, resident's clinical records, internal investigation notes and staff interview with nurse manager.

**This order must be complied with by** March 17, 2025

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

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130 Dufferin Avenue, 4th Floor
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## 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.