

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: March 12, 2026

Inspection Number: 2026-1621-0001

Inspection Type:

Complaint
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): March 2 - 5, 9 - 12, 2026

The inspection occurred offsite on the following date(s): March 4, 5, 6, 2026

The following intake(s) were inspected:

- Complaint Intake: #00168195 – relating to staffing and falls prevention and management.
- Complaint Intake: #00168220 – relating to allegations of abuse and neglect.
- Complaint Intake: #00168710 – relating to visitor restrictions.
- Complaint Intake: #00169178 – relating to staffing concerns.
- Complaint Intake: #00171827 – relating to retaliation.
- Critical Incident (CI) Intake: #00166237 – CI #M626-000116-25 – relating to falls prevention and management.
- Intake: #00166319 – CI #M626-000118-25 – relating to falls prevention and management.
- Intake: #00167536 – CI #M626-000004-26 - relating to falls prevention and management.
- Intake: #00166386 – CI #M626-000120-25 – resident to resident responsive behaviour.
- Intake: #00167617 – CI #M626-000005-26 – relating to outbreak management.
- Intake: #00169921 – CI #M626-000016-26 – relating to outbreak management.
- Intake: #00170564 – CI #M626-000021-26 – relating to allegations of abuse to a resident.
- Intake: #00170969 – CI #M626-000024-26 – relating to medication management.

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- Intake: #00171108 – CI #M626-000028-26 – relating to allegations of staff to resident verbal abuse.
- Intake: #00171145 – CI #M626-000030-26 – relating to falls prevention and management.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Staffing, Training and Care Standards
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Home to be safe, secure environment

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

An individual had made an alleged comment about a resident where a staff member had perceived the comment as a risk of harm to the resident.

The comment had been known for 9 days, prior to a safety plan being put in place.

The Long-Term Care Home (LTCH) did not wholly implement the safety plan for the resident.

Sources: Resident records, Critical Incident (CI) Report, E-mail communications and staff interviews.

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WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

A review has been completed of three resident's plan of care and no reference to a specific preference had been documented.

All three residents had voiced their preferences during interviews.

During an interview with management they had stated that the resident's preference should have been included in the plan of care.

Sources: Resident's clinical record, interviews with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 3.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

3. Unlawful conduct that resulted in harm or a risk of harm to a resident.

Risk of harm was determined relating to a resident and a CI report was not immediately submitted.

The management of the home had indicated that a CI report should have been submitted at the time the risk of harm was determined and had not been.

Sources: Resident clinical records, e-mails, CI report and staff interviews.

WRITTEN NOTIFICATION: Reporting Certain Matters to The Director

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

Non-compliance with: O. Reg. 246/22, s. 115 (3) 5.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.

Review of a resident's clinical record had shown that a resident had been sent to the hospital for a reportable CI.

On review of the CI report the date of occurrence was 12 days prior to the date of submission.

During an interview with management they had stated the CI report was submitted late.

Sources: Resident's clinical record, CI report, resident and staff interviews.

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WRITTEN NOTIFICATION: Records

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

Non-compliance with: O. Reg. 246/22, s. 274 (b)

Resident records

s. 274. Every licensee of a long-term care home shall ensure that,
(b) the resident's written record is kept up to date at all times.

During record review of three separate residents and two staff interviews with the staff that had documented it had been confirmed all discussion topics had not been fully documented.

During an interview with management they had stated that all items discussed should have been documented in the resident's records.

Sources: Resident's records, Interview with staff.

COMPLIANCE ORDER CO #001 Duty to protect

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

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

Specifically, the licensee must:

- A) Provide education to Staff member #118 and #119 related to Therapeutic Communication, documentation and Prevention of Abuse and Neglect to be conducted by the Director of Senior Services or the Director of Care or delegate.
- B) Keep a record onsite and easily accessible of the content of the education, date the education was provided and who provided the education.
- C) Develop and implement a process to ensure that referrals to a specific service are within the scope of practice of those staff members.
- D) Develop and implement a process to ensure oversight of Staff member #118 and #119's practice in the home including measures to assess the resident experience in

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relation to interactions, measures to assess the staff members documentation and measures to ensure that staff member #118 and #119 are working within their scope of practice.

Grounds

The Ministry of Long Term Care had received a CI report from the home stating that resident #004, #005 and #006 had alleged that they had experienced emotional abuse from staff.

Review of resident #004's clinical records, investigation pack and staff interviews had indicated that the resident had expressed emotional distress, had been agitated and had made comments after the interaction and for multiple days after that they didn't want that staff member to return.

Review of resident #005's clinical records, the home's investigation file and staff interviews had indicated that the resident had been anxious and expressed sadness.

Review of resident #006's clinical records, the home's investigation file and staff interviews had indicated the resident was upset, withdrew from interactions and had made comments about feeling like they were being picked on and had been negatively affected for multiple days.

During interviews with the Inspector, resident #004 expressed they were very angry. Resident #005 shared that they felt like they were a child and had been scolded and belittled. Resident #006 stated they were shocked and felt that the staff member was trying to intimidate and scare them and that the staff member was being a bully.

During an interview with management they shared that they felt the conduct of staff member #118 and #119 was abuse.

Sources: CI report, Resident #004, #005, #006's clinical records, the home's investigation package and interviews with resident's and staff.

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This order must be complied with by April 9, 2026

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$11000.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

s. 24 (1) duty to protect

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.



**Inspection Report Under the
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Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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

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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.



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