

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 1, 2019	2019_822613_0002	014156-19, 016002- 19, 016817-19	Complaint

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**Licensee/Titulaire de permis**

Riverside Health Care Facilities Inc.  
110 Victoria Avenue FORT FRANCES ON P9A 2B7

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**Long-Term Care Home/Foyer de soins de longue durée**

Rainycrest  
550 Osborne Street FORT FRANCES ON P9A 3T2

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

LISA MOORE (613), LAUREN TENHUNEN (196), MELISSA HAMILTON (693)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): October 21 - 24, 2019.**

**The following complaints were inspected during this inspection:**

**Three complaints that were submitted to the Director regarding allegations of insufficient staffing and the provisions of care.**

**A concurrent Critical Incident System Inspection #2019\_822613\_0003 was also conducted during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator (ADM), Director of Care (DOC), Clinical Manager (CM), Resident Assessment Instrument Back Up Coordinator (RAI Back Up Coordinator), Interim Administrative Assistant (IAA), Activation Assistant (AA), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), family members and residents.**

**The Inspector(s) also conducted daily tours of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed health care records, human resource files, and policies, procedures and programs.**

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

**Contenance Care and Bowel Management**

**Personal Support Services**

**Recreation and Social Activities**

**Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**  
**Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that each resident of the home was bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

A complaint was received by the Director, regarding short staffing which resulted in resident #003 not receiving their scheduled baths.

Inspector #196 reviewed a document titled "Rainycrest Focus Audit on Resident Bathing, 03/06/2018", which indicated that all residents would be offered a minimum of two bathing opportunities per week.

During an interview with PSW #109, they stated that resident #003 had at times, refused baths. They further added that they would try to re-approach the resident and would record the bath as refused, if the resident would not have the bath. PSW #109 further added, if they were short staffed, they would try to get all of the resident baths done, and if unable, then they would pass the undone baths to the evening shift or the following day shift, and would let the RPNs know. They further reported that they were unaware if staff were brought in to complete the missed baths.

The health care records for resident #003 were reviewed. The current care plan indicated that the resident required the assistance of staff with the bath/shower twice weekly, and as necessary. The bath schedule indicated that resident #003's bath days were on specific days, every week. The Point of Care (POC) bathing records were reviewed for a two month period and baths were not documented as provided on three scheduled dates.

During an interview with the Clinical Manager (CM), they stated that resident #003 was scheduled to have their weekly baths on specific days. They further reported that they had conducted audits of the bathing records and confirmed that baths were not documented as being provided on three scheduled dates, and that the baths had not been made up during those same weeks.

During an interview with the Director of Care (DOC), they stated that residents were to be provided with a bath of their choice twice weekly and if the bath were refused the PSWs were to record it in POC records and to report to the registered staff to ensure it was re-offered and to trend for refusals. They further added if a bath audit identified that the bath was not done, it was to be recorded on the audit as not completed and the action taken

to rectify was to be noted. [s. 33. (1)]

2. a) A review of additional resident's health care records regarding bathing was conducted.

The health care records for resident #006 were reviewed. The current care plan indicated that the resident required staff assistance to bathe twice weekly and as needed. The bath schedule indicated that this resident's bath days were on specific days, every week. The POC bathing records were reviewed for a two month period. A bath was not documented as provided on one date.

During an interview with the CM, they stated that resident #006 was scheduled to have their weekly baths on specific days. They further reported that they had conducted audits of the bathing records and confirmed that a bath was not documented as provided on one date.

b) The health care records for resident #007 were reviewed. The current care plan indicated the resident required staff assistance with bath/shower twice weekly, and as necessary. The bath schedule indicated that this resident's bath days were on specific days. The POC bathing records were reviewed for a two month period. A bath was not documented as provided on two dates.

During an interview with the CM, they stated that resident #007 was scheduled to have their weekly baths on specific days. They further reported that they had conducted audits of the bathing records and confirmed that a bath was not documented as provided on two dates. [s. 33. (1)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents #003, #006, #007 and each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.***

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program**

**Specifically failed to comply with the following:**

**s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,**

**(a) the provision of supplies and appropriate equipment for the program; O. Reg. 79/10, s. 65 (2).**

**(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends; O. Reg. 79/10, s. 65 (2).**

**(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests; O. Reg. 79/10, s. 65 (2).**

**(d) opportunities for resident and family input into the development and scheduling of recreation and social activities; O. Reg. 79/10, s. 65 (2).**

**(e) the provision of information to residents about community activities that may be of interest to them; and O. Reg. 79/10, s. 65 (2).**

**(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).**

### **Findings/Faits saillants :**

1. The licensee has failed to ensure that the recreation and social activities program included a range of indoor and outdoor recreation, leisure and outings that were of a frequency and type to benefit all residents of the home and reflected their interests.

A complaint was received by the Director, regarding the lack of appropriate activities provided to resident #003.

Inspector #196 interviewed the complainant, who reported that the recreation activities offered at the home did not cater to resident #003, or offer programs of interest to them.

The home's policy titled "Rainycrest Long Term Care Resident Care and Services" (#RCS A-75) last updated January 2004, indicated that the goal of the Activity Services department was to provide residents with the opportunity to enhance a lifestyle and to

grow personally. The department developed recreational and therapeutic programs, which encouraged individuality, independent and interaction. Opportunities were provided of resident's to experience physical activity, rehabilitation, emotional release, spiritual life, and intellectual growth.

During an interview with resident #003, when questioned if they participated in the activities that the home provided, they stated they "didn't know".

During various observations of resident #003, they were observed:

- in their room seated in a chair listening to a comedy channel;
- using the stationary bike in the therapy room;
- wandering in the corridor outside their room; and
- walking with a staff member holding hands.

The health care records of resident #003 were reviewed. The current care plan indicated to engage the resident in structured activities, sensory stimulation activities and that the resident was dependent on staff for activities, cognitive stimulation, social interaction related to:

- attending activities of their liking;
- 1 on 1 bedside/in-room visits and activities, if resident was unable to attend out of their room events;
- activities needs/interests documentation on admission to determine interests and activity needs;
- assist with ADLs as required during the activity;
- assist/escort to activities of their choice that reflect prior interests and desired activity level; and
- provide with materials for individual activities as desired.

A review of the Point of Care (POC) records, for a month time period, identified two activities documented as provided to resident #003.

During an interview with Activity Aide #108, they stated that resident #003 often refused to attend activities. They further stated that they would approach the resident to attend a specific programs as they liked a specific program; they don't have time to record refusals in the POC records; they were the only Activity Aide on a specific unit; and confirmed that the activity care plan had not been updated since the resident's admission to the home.

During an interview with the DOC, they reviewed the resident's current activity care plan, a specific month activity calendar for a specific unit and the POC documentation and confirmed to the Inspector that the care plan had not been updated since the resident was admitted to the home; the care plan had not been personalized. The DOC further indicated that the the POC documentation should have refusals recorded and if it was not documented then it looked like activities had not been offered or provided. In addition, the DOC observed a specific month activity calendar and confirmed with the Inspector that the activities listed may not interest resident #003. [s. 65. (2) (c)]

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**Issued on this 1st day of November, 2019**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**