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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: June 16, 2025
Inspection Number: 2025-1316-0001
Inspection Type: Proactive Compliance Inspection
Licensee: Riverside Health Care Facilities Inc.
Long Term Care Home and City: EMO Health Centre, Emo

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 3-5, 2025
The inspection occurred offsite on the following date(s): June 9 & 10, 2025

The following intake(s) were inspected:

- One intake for a Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain 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 (1) (a)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;

The licensee failed to ensure that there was a written plan of care for a resident that sets out, the planned care related to pain.

During a review of the plan of care for a resident there was no foci, goals, or interventions related to pain management.

Sources: A resident's electronic medication administration record (EMAR), care plan, home's policy titled "Pain Management Program Registered Nursing Staff Procedure", ORG-II-RES-05.1, last reviewed June 26, 2024, and interviews with staff the Director of Care (DOC).

WRITTEN NOTIFICATION: Advice

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee failed to seek the advice of the Residents' Council in carrying out the 2024 resident and family/caregiver experience survey and acting on its results.

Sources: An interview with a Resident Council member, and the Administrator.

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 43 (5) (c)

Resident and Family/Caregiver Experience Survey

s. 43 (5) The licensee shall ensure that,

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and

The licensee failed to ensure that documentation of the results of the 2024 resident and family/caregiver experience survey, and actions taken by the home based on the results of survey were made available to residents' and their families.

Sources: An interview with a Resident Council member, and the Administrator.

WRITTEN NOTIFICATION: Licensee obligations if no Family Council

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

Non-compliance with: FLTCA, 2021, s. 65 (7)

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,

(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and

(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee has failed to ensure when there was no family council, residents' families and persons of importance to residents were advised on an on-going basis of the right to establish a family council; and to convene semi-annual meetings to advise such persons of the right to establish a family council.

Sources: An interview with the Administrator.

WRITTEN NOTIFICATION: Required information

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

Non-compliance with: FLTCA, 2021, s. 85 (3) (a)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,

(a) the Residents' Bill of Rights;

The licensee failed to ensure that an English copy of the Resident's Bill of Rights was posted in the home.

Sources: Observations; and an interview with the Administrator.

WRITTEN NOTIFICATION: Required information

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

Non-compliance with: FLTCA, 2021, s. 85 (3) (c)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,

(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The licensee failed to ensure that a recent copy of the home's Zero Tolerance of Abuse and Neglect Policy was posted in the home.

Sources: Observations; and Review of the home's Zero Tolerance of Abuse and Neglect Policy (ORG-RES-LTC-A-05).

WRITTEN NOTIFICATION: Required information

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 85 (3) (d)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,

(d) an explanation of the duty under section 28 to make mandatory reports;

The licensee has failed to ensure that an explanation of the duty under section 28 to make mandatory reports was posted within the home.

Sources: Observations in the home.

WRITTEN NOTIFICATION: Required information

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 85 (3) (f)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,

(f) the written procedure, provided by the Director, for making complaints to the Director, together with the contact information of the Director, or the contact information of a person designated by the Director to receive complaints;

The licensee has failed to ensure the written procedure and contact information for making complaints to the Director was posted within the home.

Sources: Observations in the home.

WRITTEN NOTIFICATION: Required information

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 85 (3) (r)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,

(r) an explanation of the protections afforded under section 30; and

The licensee failed to ensure that a recent and relevant copy of the home's Whistleblower policy containing an explanation of the protections afforded under section 30 was posted within the home.

Sources: Observations; and Review of the home's Whistleblower policy (ORG-I-HR-8.05).

WRITTEN NOTIFICATION: Air Temperature

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

Upon review of the "Temperature and Humidity log numerous recorded temperatures taken were below 22 degrees Celsius.

Sources: Temperature and Humidity Log for a specified date range, and interviews with staff.

WRITTEN NOTIFICATION: Air Temperatures

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

The licensee failed to ensure that the temperature was measured and documented in writing, in at least two resident bedrooms in different parts of the home.

Upon review of the "Temperature and Humidity log," it was noted that the temperatures were taken, at the desk, hall and in the activity room. No resident room temperatures were obtained.

Sources: Temperature and Humidity Log for a specified date range, interviews with staff.

WRITTEN NOTIFICATION: Plan of Care

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 29 (4) (a)

Plan of care

s. 29 (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

The licensee failed to ensure that a registered dietitian who is a member of the staff of the home, completed a nutritional assessment for a resident on admission and when they had a significant change in their health condition.

Sources: Point Click Care (PCC) electronic assessment and progress notes for a resident, the home's policy titled "Nutrition and Hydration Program Registered

Nursing Staff Procedure", ORG-II-RES-10.2 Last reviewed June 26, 2024, and an interview with a staff.

WRITTEN NOTIFICATION: General requirements

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that the home's skin and wound care program was evaluated and updated at least annually, when the Administrator indicated the required program had not been evaluated within the past year.

Sources: Review of an email from the Administrator; and an Interview with the Administrator.

WRITTEN NOTIFICATION: General Requirements for Programs-

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to ensure that there was a written record relating to the evaluation of the pain management program that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

During an interview with the DOC, they acknowledged that there was no annual evaluation completed for the pain management program during the last year.

Sources: Interview with the DOC.

WRITTEN NOTIFICATION: Required Programs- Pain Management

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Upon reviewing two residents electronic assessments, progress notes, and paper charts, there were no pain assessments completed for either resident.

Sources: Two residents electronic progress notes, assessments, physical chart, the home's policy titled "Pain Management Program Registered Nursing Staff Procedure", ORG-II-RES-05.1, last reviewed June 26, 2024, and interviews with staff and DOC.

WRITTEN NOTIFICATION: Weight Changes

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 75 1.

Weight changes

s. 75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.

The licensee failed to ensure that residents with the following weight changes were assessed using an interdisciplinary approach, and that actions were taken, and outcomes were evaluated: A specified change of body weight, over one month.

During a review of a resident's electronic progress notes, there was a note that indicated that the resident had a significant weight change over one month. The note indicated that a consult was sent to the dietitian. Further review showed that the dietitian did not complete an assessment.

Sources: A resident's progress notes, physician orders, weights, RD nutrition assessments, the home's policy "Nutrition and Hydration Program Weight and Height Monitoring Procedure, ORG-II-RES-10.7, last reviewed June 5, 2023, and an interview with a staff member.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee failed to implement IPAC Standard Additional Requirement 9.1 (b) for Routine Practices issued by the Director with respect to infection prevention and control, when:

A. Hand hygiene was not offered to residents at two separate meal services.

B. Hand hygiene was not completed by staff during a meal service on a specified date, at point of care between handling dirty dishes and food.

Sources: Observations made of meal services; and an interview with a resident.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #018 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.

Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

The licensee failed to ensure that the designated Infection Prevention and Control (IPAC) lead worked regularly in that position on site at the home for at least 17.5 hours per week for two months.

Sources: A review of the IPAC Lead Schedules for two months, Interviews with the IPAC Lead and Administrator of the home.

WRITTEN NOTIFICATION: Drugs- Quarterly Evaluation

NC #019 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 124 (1)

Quarterly evaluation

s. 124 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 246/22, s. 124 (1).

The licensee failed to ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

Upon review of the Medication Incidents Review Meeting minutes, it was noted that the last meeting was held in December 2024. The DOC confirmed that the quarterly meeting in May did not occur.

Sources: Medication Incidents Review Meeting, dated December, 2024, and interview with the DOC.

WRITTEN NOTIFICATION: Posting of information

NC #020 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure the current version of the visitor policy made under section 267 was posted within the home.

Sources: Observations in the home.

COMPLIANCE ORDER CO #001 Air temperature

NC #021 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

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

a) Develop and implement a process for ensuring that air temperatures are monitored and documented as required in Ontario Regulation (O. Reg) 246/22, s. 24 (3), and
(b) Implement a weekly auditing process for four weeks to ensure air temperatures are monitored, and documented. Keep a written record of the audit tool, the results of each audit, and any corrective action taken.

Grounds

The licensee failed to ensure that temperatures required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

During the review of the "Temperature and Humidity Log", it was noted that numerous temperatures were not taken during the period of May 1-June 3, 2025, and no temperatures were taken in the evening or night.

The risk to the residents was moderate as there were other temperatures that were not in acceptable range.

Sources: Temperature and Humidity Log- May 1-June 3, 2025, interviews with staff #107.
[684]

This order must be complied with by August 1, 2025

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.