



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 26, 2016	2015_435621_0011	022717-15	Critical Incident System

Licensee/Titulaire de permis

ST. JOSEPH'S CARE GROUP
35 NORTH ALGOMA STREET P.O. BOX3251 THUNDER BAY ON P7B 5G7

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

HOGARTH RIVERVIEW MANOR
300 LILLIE STREET THUNDER BAY ON P7C 4Y7

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

JULIE KUORIKOSKI (621), TIFFANY BOUCHER (543)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

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

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): December 14, 15, 16, 17, and 18, 2015

This inspection was conducted concurrently with Complaint Inspection 2015_435621_0010 and Follow Up Inspection 2015_435621_0012. Non compliance from this inspection,[with exception of s.221.(2)] has been addressed in Follow Up inspection #2015_435621_0012.

Additional intakes completed during this inspection included six critical incidents related to staff to resident, and resident to resident abuse.

During the course of the inspection, the inspector(s) spoke with the VP Senior Health Services, Director, Clinical Manager(s), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Family Members and Residents.

Observations were made of resident care areas, provision of care and services to residents as well as staff to resident and resident interactions. The home's health care records for several residents were reviewed, along with relevant policies, procedures and programs of the home.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours**

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

Specifically failed to comply with the following:

s. 221. (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:

- 1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act. O. Reg. 79/10, s. 221 (2).**
- 2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on his or her assessed needs. O. Reg. 79/10, s. 221 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that all staff who provide direct care to residents, received annual training relating to abuse recognition and prevention.

A review of the home's 2014 training records relating to Zero Tolerance of Abuse and Neglect and Whistle Blower Protection found that training was provided to a total of 115 employees including Administration staff, Personal Support Workers, Registered Practical Nurses and Registered Nurses. However, no other disciplines were trained (i.e. housekeeping, maintenance etc.). Further, documentation revealed that 52/115 or 45% of Administration, Personal Support Workers, Registered Practical Nurses and Registered Nurses were not trained on Zero Tolerance of Abuse and Neglect and Whistle Blower Protection in 2014.

Upon review of the home's Zero Tolerance of Abuse and Neglect of Residents policy (LTC 5-50) it was identified that it was the responsibility of the Directors, Managers, VP of Long Term Care or designates to communicate and enforce the policy and procedures fairly and consistently throughout the home to all employees. The policy stated that education pertaining to Zero Tolerance of Abuse and Neglect of Residents was to be provided annually and on an as needed basis for employees, family and volunteers.

During an interview with Manager #105 they confirmed that the 2014 training/education records provided by the home for Zero Tolerance of Abuse and Neglect and Whistle Blower Protection identified that not all staff were educated. They also confirmed that they were unable to provide any further documentation to support that education was provided to the remaining employees for the 2014 year.

During an interview with the Administrator it was identified that going forward all staff would be educated related to abuse and neglect. [s. 221. (2)]

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 all staff who provide direct care to residents, receive annual training relating to abuse recognition and prevention, to be implemented voluntarily.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

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

Issued on this 26th day of January, 2016

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

Original report signed by the inspector.