

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 18, 2019	2019_768693_0022	011138-19, 011704- 19, 011705-19	Follow up

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**Licensee/Titulaire de permis**

St. Joseph's Care Group  
35 North Algoma Street THUNDER BAY ON P7B 5G7

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

Hogarth Riverview Manor  
300 Lillie Street THUNDER BAY ON P7C 4Y7

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

MELISSA HAMILTON (693), DEBBIE WARPULA (577), JULIE KUORIKOSKI (621)

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

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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): August 26 to August 30, and September 3 to 6, 2019.

Inspector David Schaefer (757) was also in attendance at this inspection.

The following intakes were inspected on during this Follow-Up inspection:

- one intake, related to CO #001 from inspection #2019\_633577\_0011, issued pursuant to O.Reg 79/10, s. 15. (1);
- one intake, related to CO #001 from inspection #2019\_633577\_0010, issued pursuant to LTCHA, 2007 S.O. 2007, c.8, s. 23. (1); and
- one intake, related to CO #002 from inspection #2019\_633577\_0010, issued pursuant to LTCHA, 2007 S.O. 2007, c.8, s.24. (1).

Complaint inspection #2019\_768693\_0020 and Critical Incident System inspection #2019\_768693\_0021 were conducted concurrently with this Follow Up inspection.

During the course of the inspection, the inspector(s) spoke with the Extencicare Assist Regional Director, Extencicare Assist LTC Consultant, Vice President (VP) of Seniors Health, Medical Director, Administrator, Directors of Care (DOCs), Clinical Managers (CMs), Supervisor of Building Services, Food Service Manager (FSM), Coordinators of Clinical Learning and Practice, Psychogeriatric Resource Consultant (PRC), Resident Assessment Instrument (RAI) Coordinators, Occupational Therapist (OT), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Worker (PSWs), residents, their family members, and substitute decision makers (SDMs).

The following Inspection Protocols were used during this inspection:  
Safe and Secure Home

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)

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 15. (1)	CO #001	2019_633577_0011		693
LTCHA, 2007 S.O. 2007, c.8 s. 23. (1)	CO #001	2019_633577_0010		621
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #002	2019_633577_0010		577

**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 LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence**

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

**s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that they complied with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

The licensee was to be compliant with Compliance Order (CO) #002 from Inspection #2019\_633577\_0010 that was issued to the home on June 4, 2019, which had a compliance due date of August 19, 2019.

The licensee was ordered to ensure that they were compliant with section 24. (1) of the Ontario Regulation 79/10. Specifically the licensee was ordered to:

- 1) Retrain all direct care staff, registered staff and leadership, on the long term care home's policy to promote zero tolerance of abuse and neglect of residents and the duty under section 24 to make mandatory reports.
- 2) Protect all residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.
- 3) Ensure all registered, non-registered and leadership staff identify and report all alleged, suspected and witnessed incidents of improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident, abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident, immediately to the Director.
- 4) Maintain records of re-training, including who received the training, when it occurred, and what the content of the training included.

While the licensee complied with sections "2-4" of the compliance order, non-compliance continued to be identified with section "1", where the licensee was ordered to retrain all direct care staff, registered staff and leadership, on the long term care home's policy to promote zero tolerance of abuse and neglect of residents.

Inspector #577 conducted a record review of the home's power point documentation for registered staff, "Abuse and Neglect, Reporting Requirements and Investigating Critical Incidents". The learning objectives identified reporting requirements of critical incidents, differentiating the different types of abuse and neglect, and review and discussions of

submitted critical incidents. The Inspector reviewed another power point for direct care staff, “Zero Tolerance for Resident Abuse and Neglect Program”. The learning objectives identified definitions of abuse and neglect, prevention of abuse and neglect, staffs roles when they suspected or witnessed abuse and neglect and their roles in reporting abuse and neglect. The Inspector noted that there had been no indication of retraining on the home’s policy to promote zero tolerance of abuse and neglect of residents with both power point presentations.

During an interview with the Coordinator of Clinical Learning and Practice #123, they reported to Inspector #577 that the training material did not include a review of the home’s policy to promote zero tolerance of abuse and neglect of residents.

During an interview with the Extendicare Assist LTC Consultant, they reported that they had previously developed the power point presentations on Abuse and Neglect, and had utilized them for training in their other homes. They further reported that they had added slides to make it more home specific, which included CIS reports and reporting. Together, the Inspector and the Extendicare Assist LTC Consultant, reviewed the power points, and the Inspector noted that not all components of the policy were included in the retraining. The Extendicare Assist LTC Consultant confirmed that there were components of the home’s policy to promote zero tolerance of abuse and neglect of residents, in the power point presentations, but the presentations had not included all components of the policy, which included the different abuse decision trees, information on incidents that were reportable, criminal offences, and further, the retraining had not included a review of the home’s policy to promote zero tolerance of abuse and neglect of residents. [s. 101. (3)]

***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 the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23., to be implemented voluntarily.***

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**Issued on this 19th day of September, 2019**

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

**Original report signed by the inspector.**