

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Sudbury Service Area Office
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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 1, 2021	2021_768693_0016	008563-21, 009676- 21, 010004-21	Critical Incident System

Licensee/Titulaire de permisSt. Joseph's Care Group
35 North Algoma Street 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**

MELISSA HAMILTON (693), JULIE KUORIKOSKI (621)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 23 to 26, 2021.

The following intakes were inspected on during this Critical Incident System (CIS) inspection:

- one intake, related to alleged neglect of neglect of a resident;**
- one intake, related to alleged staff to resident physical abuse; and**
- one intake, related to alleged resident to resident physical abuse.**

Follow Up inspection #2021_768693_0017, and Complaint Inspection #2021_768693_0018 were conducted concurrently with this CIS inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Interim Director of Care (DOC), Director of Building Services, Environmental Services Supervisor, Clinical Managers (CMs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Infection Prevention and Control (IPAC) Practitioners, Personal Support Workers (PSWs), Housekeepers, and Resident Home Workers (RHWs).

The Inspectors also conducted a daily tour of resident care areas, observed the provision of care and services to residents, Infection Prevention and Control (IPAC) practices, cooling and air temperature requirements, staff to resident interactions, reviewed relevant health care records, internal investigation notes, as well as relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
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)**

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. 21. Air temperature
Specifically failed to comply with the following:**

**s. 21. (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. O. Reg. 79/10, s. 21 (3).**

Findings/Faits saillants :

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

Home area temperature logs, as provided to the Inspector for the week of August 16 to 22, 2021, identified the following documented temperature readings below 22 degrees Celsius:

- 21.8 degrees Celsius for "Birch" Home Area Dining Room, on Sunday August 22, 2021, between 1700 and 2300 hours;
- 21.8 degrees Celsius for "Four North" Resident Room #401, on Saturday August 21, 2021, between 1700 and 2300 hours; and
- 21.2 and 21.3 degrees Celsius for "Four South" Dining Room and Resident Room #416 respectively, on Thursday August 19, 2021, between 0700 and 1100 hours.

The Interim Director of Care (DOC) and the Administrator acknowledged that there were recorded temperatures below the minimum temperature requirements. The Administrator also acknowledged that to ensure a comfortable environment was offered to all the residents in the home, proper monitoring and follow up was required, and that this had not occurred for the temperature discrepancies identified in August.

Sources: The home's temperature logs for August 16 to 22, 2021; and interviews with the Interim DOC, Administrator and other relevant staff members. [s. 21.]

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

The home's temperature logs for the week of August 16 to 22, 2021, identified missing temperature documentation required for designated common areas and resident rooms on six of the 15 (40 per cent) home areas reviewed.

The Interim DOC and Administrator acknowledged that temperatures were not measured in all required areas, at the required times in the home.

Sources: The home's temperature logs for August 16 to 22, 2021; and interviews with the Interim DOC, Administrator and other relevant staff members. [s. 21. (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 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, to be implemented voluntarily.

Issued on this 2nd day of September, 2021

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

Original report signed by the inspector.