

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Sudbury Service Area Office
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report	
Report Issue Date: February 27, 2023	
Inspection Number: 2023-1407-0003	
Inspection Type: Complaint Critical Incident System	
Licensee: St. Joseph's Care Group	
Long Term Care Home and City: Hogarth Riverview Manor, Thunder Bay	
Lead Inspector Christopher Amonson (721027)	Inspector Digital Signature
Additional Inspector(s) Jennifer Lauricella (542) Eva Namysl (000696) attended the inspection during orientation.	

INSPECTION SUMMARY
<p>The inspection occurred on the following date(s): January 9 - 12, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • One intake related to a medication error; • One intake related to a missing controlled substance; • One intake related to complaints of resident care concerns; and • One intake related to an allegation of resident abuse.

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

- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Administration of Drugs

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

Non-compliance with: O.Reg. 246/22, s. 140 (2)

The licensee has failed to ensure that a medication was administered to a resident as specified by a prescriber.

Rationale and Summary

A Critical Incident (CI) report was submitted to the Director outlining that a resident had not been provided with the medication that was ordered for them.

The health care record for the resident indicated that they were started on a medication, but the medication order was not written out on the appropriate document. It was later identified that the resident did not receive the medication during a specified time frame.

An interview with a Clinical Manager (CM) concluded that physicians for the home were required to write any medication orders on the correct document.

There was the potential for risk to the resident's health, safety, and well-being with not being provided the medication.

Sources: Resident health care records, licensee policies titled, "Prescriber Medication Orders and Administration of Medications" and interviews with staff. [542]

WRITTEN NOTIFICATION: Medication management system

NC #2 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 123 (3) (a)

The licensee has failed to ensure that the documentation of narcotic administration was completed, as per the written policy developed for drug administration.

Rationale and Summary

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A CI was submitted to the Director outlining that there were numerous discrepancies with a medication record for the home during an audit. The staff had documented on one record but had not signed the Electronic Medication Administration Record (EMAR).

Interviews with clinical managers concluded that the staff had failed to follow the home's policies and procedures for correct documentation.

Source: Home's investigation documents, licensee policies titled, "Prescriber Medication Orders and Administration of Medications" and interviews with staff. [542]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #3 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

1) The licensee has failed to ensure that the standards and protocols issued by the Director with respect to infection prevention and control, specifically a hand hygiene (HH) program, was implemented.

Rationale and Summary

On two separate occasions, in two different home areas, it was observed that staff did not assist residents with HH prior to dinner service.

The IPAC Practitioner stated that the home does have a HH program in place and that residents were to have HH performed before and after meals. The Long-Term Care Home (LTCH) policy indicated that residents will be encouraged by direct care staff to do HH before and after meals.

Sources: Inspector observations; the LTCH policy titled: "Infection Prevention and Control Manual - Hand Hygiene" (revised April, 2022); Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022); and interviews with the IPAC Practitioner and other staff.

2) The licensee has failed to ensure that the standards and protocols issued by the Director with respect to infection prevention and control, specifically personal protective equipment (PPE) stewardship, were implemented.

Rationale and Summary

An Inspector observed that multiple rooms with additional precaution signage, in different home areas, were

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without PPE disposal bins.

During an interview with the IPAC Practitioner, it was stated that residents identified as having additional precautions should have PPE disposal bins inside the room beside the linen bag. The LTCH policy also indicated that each room should have a hands-free laundry hamper with a lid and a designated hands-free waste receptacle with a lid. There was no impact and low risk to the residents as other requirements under PPE standards were being followed at the time.

Sources: Inspector observations; the LTCH policy titled: "Infection Prevention and Control Manual - Isolation" (revised April, 2022); Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022); and interviews with the IPAC Practitioner and other staff. [721027]

WRITTEN NOTIFICATION: Plan of Care Documentation

NC #4 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

The licensee has failed to ensure that the provision of care set out in the plan of care was documented.

Rationale and Summary

Upon review of a resident's electronic charting, it was noted that there were shifts without documentation for care and comfort round checks.

A CM confirmed that there was no documentation during specific dates identified. The LTCH policy for Care and Comfort Rounds indicated that the interdisciplinary team is to document care provided for the Care and Comfort Rounds.

Sources: Resident health care records, LTC home's policy titled "Commitment to Resident-Centered Care and Resident Rights: RC-02-01-04" (updated April 2022); interviews with CM and other staff. [721027]

WRITTEN NOTIFICATION: Duty to Protect

NC #5 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 24 (1)

The licensee has failed to ensure that a resident was protected from abuse by LTC home staff.

O. Reg. 246/22, s. 2 (1), defines physical abuse as "the use of physical force by anyone other than a resident that causes physical injury or pain".

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Rationale and Summary

Concerns of improper care and abuse of a resident were brought up to nursing staff. Information was reviewed by clinical managers which had corresponded with the allegations of improper care and abuse, which were later determined to be founded.

There was a moderate level of risk to the resident due to the nature in which care was being provided and not following the resident's care plan.

Sources: Resident health care records; LTC home investigation file; LTC home's policies titled "Zero Tolerance of Resident Abuse and Neglect Program: RC-02-01-01" (updated April 2022), "Commitment to Resident-Centered Care and Resident Rights: RC-02-01-04" (updated April 2022); interviews with Clinical Managers and other staff. [721027]