

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: February 12, 2025
Inspection Number: 2025-1407-0001
Inspection Type: Complaint Critical Incident Follow up
Licensee: St. Joseph's Care Group
Long Term Care Home and City: Hogarth Riverview Manor, Thunder Bay

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3 - 7, 2025

The following intake(s) were inspected:

- Two intakes related to a COVID-19 Outbreak.
- An intake related to Follow-up #: 1 - FLTCA, 2021 - s. 15 (2) CO #001 - HP / 2024_1407_0004, Dietary Services and Hydration.
- Two intakes related to a fall of a resident resulting in change of status.
- An intake related to a complaint regarding alleged neglect of a resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1407-0004 related to FLTCA, 2021, s. 15 (2)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and wound care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that a resident received a skin assessment by an authorized person after a Personal Support Worker (PSW) observed altered skin integrity, but did not notify registered staff.

Sources: A resident's health records, Long-term Care Home (LTCH) investigation files; LTCH policy titled "Resident Care Manual – Skin and Wound Management", last

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updated on November 2024; and interviews with staff, Clinical Manager (CM) and the Director of Care (DOC).

WRITTEN NOTIFICATION: Continence care

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The licensee failed to ensure that a resident, who was unable to toilet themselves independently, received assistance from staff to manage and maintain continence six times over a period of three months.

Sources: A resident's health care records; LTCH policy titled "Resident Care Manual - Continence Management" last updated on October 2024; LTCH investigation files; interviews with staff, CM and DOC.

WRITTEN NOTIFICATION: Emergency plans

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

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. viii.

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to, viii. situations involving a missing resident,

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The licensee has failed to ensure that the emergency plan in place for missing residents was implemented when a resident was noted to be missing.

Pursuant to FLTCA 2021, s. 11 (1) (b), the licensee was to ensure that written plans were developed for dealing with emergencies, including situations involving a missing resident, and the licensee was required to ensure that the plan was complied with.

On a specific time and date, staff discovered a resident was missing. The staff failed to follow the home's policy for a Code Yellow, including a thorough search of all accessible areas of the unit and ensuring all available staff participated in the search.

Sources: Critical incident report; A resident's health records; LTCH investigation file; LTCH policy titled "Code Yellow - Missing Client/Resident", approved May 2023; interviews with staff and CM.

COMPLIANCE ORDER CO #001 Plan of care

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

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

The licensee shall:

1. Conduct meetings with specified staff to discuss barriers and challenges that are associated with the documentation of care;

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a) Based on the outcome of the meetings, take corrective action to address any deficiencies;

2. Develop and implement an auditing process on the specific unit to ensure that care provided to each resident is documented as required in the home's documentation policy;

a) Conduct audits for a period of two weeks, identifying trends of the audits, and implement any corrective action required as a result of the audits; and,

3. Maintain documentation of the meetings and audits as requested in part 1 and 2 above.

Grounds

The licensee failed to ensure that the provision of care set out in a resident's plan of care was documented.

The LTCH's investigations identified that during specific dates, certain staff members did not accurately document the provision of care that was provided.

Sources: A resident's health records; LTCH investigation files; LTCH policy titled "Clinical Documentation"; interviews with staff, CM and the DOC.

This order must be complied with by March 17, 2025

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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

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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

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Director

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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.