

**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
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 rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 6, 2021	2021_879621_0013	014200-21	Other

Licensee/Titulaire de permis

Riverside Health Care Facilities Inc.
110 Victoria Avenue Fort Frances ON P9A 2B7

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

Rainy River Health Centre
114 Fourth Street P.O. Box 236 Rainy River ON P0W 1L0

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

JULIE KUORIKOSKI (621)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): September 27 - 29, 2021.

This inspection was a Sudbury Service Area Office (SSAO) initiated inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC)/Administrator, the RN Supervisor, the Food Services Manager (FSM), Dietary Aides (DA's), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a Housekeeping Aide, and residents.

The Inspector also conducted a tour of the resident care areas, observed resident care, and reviewed the home's supporting documentation, including relevant health care records, and specific licensee policies, procedures and programs.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Infection Prevention and Control

Medication

Reporting and Complaints

Residents' Council

Skin and Wound Care

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

3 WN(s)

3 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. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident has fallen, a post-fall assessment was conducted using a clinically appropriate assessment instrument, specifically designed for falls.

During a review of a resident's falls incident documentation for a fall, no post falls assessment record was found.

The Registered Nurse (RN) Supervisor confirmed that a Post Falls Screening Tool found in the electronic medical record (EMR), was the home's clinically appropriate post-fall assessment tool, and was to be completed after every resident fall. They reviewed the resident's EMR and acknowledged that a Post Falls Screening Tool had not been completed for the identified fall.

Sources: Review of the resident's EMR, Falls Program Policy; and interview with the RN Supervisor and other relevant staff. [s. 49. (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 when a resident has fallen, a post-fall assessment is conducted using a clinically appropriate assessment instrument, specifically designed for falls, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 67. A licensee has a duty to consult regularly with the Residents' Council, and with the Family Council, if any, and in any case shall consult with them at least every three months. 2007, c. 8, s. 67.

Findings/Faits saillants :

1. The licensee has failed to ensure that consultation with Residents' Council, in any case, occurred at least every three months.

The President of Residents' Council identified that they could not recall the last time the home's management had met with Residents' Council (RC).

The Director of Care (DOC)/Administrator reported that they and the home's RN Supervisor were considered the home's management, and confirmed that the RN Supervisor had not attended any RC meetings to date, and that up until the time of inspection, they had not met with RC at least quarterly.

Sources: Interviews with the President of RC and the home's DOC/Administrator. [s. 67.]

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 consultation with Residents' Council, in any case, occurs at least every three months, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).**

**s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that food and fluids were served at a temperature that was safe and palatable to residents.

During an observation of the home's meal service, the inspector inquired with the Dietary Aide (DA) as to the temperature readings taken for texture modified diets provided to two residents. The DA reported that they had provided staff with texture modified meals for these residents, where production temperatures for the hot menu items measured less than a specified temperature. Temperatures taken by the DA were also recorded on the Meal Day Production Sheet and verified with the inspector. When the DA was asked whether these temperatures were within a safe range or not, the DA was unable to answer.

Both resident's diet orders were reviewed, and confirmed that each required a specific type of texture modified diet.

The Food Services Manager (FSM), identified that safe hot food temperatures were to be greater than a specified temperature, and that if temperatures fell below this threshold, that staff were to return the hot food items back to safe temperatures before serving. The FSM acknowledged that hot food items measured and then served at or less than a specified temperature, was considered unsafe.

Sources: Review of the Resident Diet Census, recorded temperatures on the Meal Day Production Sheet; and interviews with a DA, the FSM and other relevant staff. [s. 73. (1) 6.]

2. The licensee has failed to ensure that no resident who required assistance with eating or drinking was served a meal until someone was available to provide the assistance required by the resident.

During a meal observation, it was identified that a specified number of residents required meal assistance from Personal Support Workers (PSWs) and/or Registered Practical Nurses (RPNs). The inspector observed over a certain time interval, a texture modified meal sitting in front of a resident, without any assistance provided.

A PSW confirmed that the resident required assistance, and that their meal was served to them without a staff member being ready to assist. A review of the resident's most current care plan identified that the resident required a certain level of meal assistance.

The DOC/Administrator identified that it was their expectation that for safety, any resident who required meal assistance from staff, should not be served until a staff member was ready to assist them.

Sources: Meal observation; review of the resident's care plan; and interviews with a PSW and the DOC/Administrator. [s. 73. (2) (b)]

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 food and fluids are served at a temperature that is safe and palatable to residents; and to ensure that no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident, to be implemented voluntarily.

Issued on this 6th day of October, 2021

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

Original report signed by the inspector.