

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: December 11, 2024
Inspection Number: 2024-1022-0003
Inspection Type: Proactive Compliance Inspection
Licensee: ATK Care Inc.
Long Term Care Home and City: River Glen Haven Nursing Home, Sutton West

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 3, 4, 5, 6, 10, 11, 2024
 The inspection occurred offsite on the following date(s): December 6, 2024
 The following intake(s) were inspected:

- One Intake related to a Proactive Compliance Inspection.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Residents' and Family Councils
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Reporting and Complaints

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Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 28 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the contact information of the Director, or the contact information of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
- (h) a copy of the service accountability agreement entered into in accordance with section 22 of the Connecting Care Act, 2019;
- (i) the name and telephone number of the licensee and an email address maintained and monitored by the licensee that can receive communications from a resident or the substitute decision-maker of the resident;
- (j) an explanation of the measures to be taken in case of fire;
- (k) an explanation of evacuation procedures;
- (l) copies of the inspection reports from the past two years for the long-term care home;

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(m) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;

(n) a written plan for achieving compliance, prepared by the licensee, that the Director has ordered in accordance with clause 155 (1) (b) following a referral under paragraph 4 of subsection 154 (1);

(o) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;

(p) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;

(q) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;

(r) an explanation of the protections afforded under section 30; and

(s) any other information provided for in the regulations.

The licensee failed to ensure that the required information was posted in the home, in a conspicuous and easily accessible location in a manner that complied with the requirements, when the following was either missing or outdated;

-An explanation of the duty under section 28 to make mandatory reports was dated September 2018 and referenced the previous LTCHA information,

-Long Term Care home's procedure for initiating complaints to the licensee was not posted,

-Written procedure, provided by the Director, for making complaints to the Director was not posted,

-Minimize restraint policy was not posted,

-A copy of the service accountability agreement was not posted,

-Name and number of the licensee and an email address to receive communication from a resident or SDM was not posted,

-Explanation of the measures to be taken in case of fire was not posted,

-Explanation of evacuation procedure was not posted,

-Copies of the inspection reports from the last 2 years was missing inspection #2024-1022-0002.

Sources: Policy titled "Mandatory reporting", Inspection reports, interview with the Executive Director (ED)

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Date Remedy Implemented: December 6, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 168 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to ensure that the home published a report on their continuous quality improvement (CQI) initiative on its website. It was not revised to include their current 2024/2025 CQI initiative report.

Sources: Home's website, and an interview with the Executive Director (ED).

Date Remedy Implemented: December 3, 2024

WRITTEN NOTIFICATION: WEBSITE

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

Non-compliance with: O. Reg. 246/22, s. 271 (1) (f)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,

(f) the current version of the emergency plans for the home as provided for in section 268;

The licensee failed to ensure that the home's website that was open to the public included the current version of the emergency plans for the home as provided for in section 268.

Sources: The home's website: ATK Care Group Ltd | ON-River Glen Haven Nursing Home website; interview with the Administrator.