

**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 19, 2024

**Inspection Number:** 2024-1218-0005

**Inspection Type:**

Follow up

**Licensee:** 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

**Long Term Care Home and City:** Riverview Manor Nursing Home, Peterborough

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 9 to 13, 16, 18, 19, 2024.

Listed below was the first follow up of the intake(s) that were inspected:

- Compliance Order (CO) #006, Inspection #2024-1218-0003, related to Air temperatures, compliance due date (CDD): Nov. 29, 2024.
- CO #007 - Inspection #2024-1218-0003, related to Skin and wound care, CDD: Dec. 6, 2024.
- CO #009 - Inspection #2024-1218-0003, related to the Infection prevention and control (IPAC) program, CDD: Nov. 15, 2024.
- CO #001 - Inspection #2024-1218-0003, related to Duty to protect, CDD: Dec. 6, 2024.
- CO #010 - Inspection #2024-1218-0003, related to the Medication management system, CDD: Dec. 6, 2024.
- CO #004 - Inspection #2024-1218-0003, related to Doors in a home, CDD: Dec. 6, 2024.
- CO #001 - Inspection #2024-1218-0004, related to Policy to promote zero tolerance, CDD: Dec. 6, 2024.
- CO #002 - Inspection #2024-1218-0004, related to Reporting certain matters to

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Director, CDD: Dec. 6, 2024.

· CO #003 - Inspection #2024-1218-0004, related to Notification re incidents,  
CDD: Dec. 6, 2024.

· CO #002 - Inspection #2024-1218-0003, related to the IPAC program, CDD: Dec.  
6, 2024.

## Previously Issued Compliance Order(s)

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

- Order #001 - Inspection #2024-1218-0004 related to FLTCA, 2021, s. 25 (1)
- Order #002 - Inspection #2024-1218-0004 related to FLTCA, 2021, s. 28 (1) 2.
- Order #003 - Inspection #2024-1218-0004 related to O. Reg. 246/22, s. 104 (1) (a)
- Order #006 - Inspection #2024-1218-0003 related to O. Reg. 246/22, s. 24 (1)
- Order #004 - Inspection #2024-1218-0003 related to O. Reg. 246/22, s. 12 (1) 3.
- Order #001 - Inspection #2024-1218-0003 related to FLTCA, 2021, s. 24 (1)
- Order #007 - Inspection #2024-1218-0003 related to O. Reg. 246/22, s. 55 (2) (b) (iv)
- Order #009 - Inspection #2024-1218-0003 related to O. Reg. 246/22, s. 102 (2) (b)
- Order #010 - Inspection #2024-1218-0003 related to O. Reg. 246/22, s. 123 (3) (a)
- Order #002 - Inspection #2024-1218-0003 related to O. Reg. 246/22, s. 102 (9) (b)

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

- Skin and Wound Prevention and Management
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Reporting and Complaints

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

1. The licensee failed to conduct quarterly audits of selection, donning and doffing of personal protective equipment (PPE) by staff in the home, as required by Additional Requirement 2.1 of the IPAC Standard. The monthly Infection Prevention and Control (IPAC) audits from the last quarter contained no data regarding correct PPE selection, donning and doffing for staff in all departments, and the IPAC Lead confirmed that there was no audit program in place for this.

**Sources:** September to November Monthly IPAC audits, IPAC Standard - Sept 2023, IPAC Lead interview.

2. The licensee failed to ensure that quarterly audits were conducted to ensure that all staff could perform the IPAC skills required of their role, as per Additional Requirement 7.3 (b) of the IPAC Standard. The IPAC Lead confirmed that there was currently no program in place to audit the IPAC skills for all job roles.

**Sources:** IPAC Standard - Sept 2023, IPAC Lead interview.

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3. The licensee failed to ensure the proper use of PPE, including appropriate selection, application, removal, and disposal, as per Additional Requirement 9.1 (d) of the IPAC Standard, when two staff were observed wearing procedure masks under their nose in a crowded nursing station. A personal support worker wore their mask under their nose as they conducted tasks in the dining room next to seated residents. Staff were expected to adhere to the home's Universal Masking Directive that was issued on October 3, 2024.

**Sources:** nursing station and dining room observations, home's Universal Masking Directive, IPAC Standard - Sept 2023.

## **WRITTEN NOTIFICATION: Construction, Renovation, etc., of Homes**

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

**Non-compliance with: O. Reg. 246/22, s. 356 (3) 1.**

Construction, renovation, etc., of homes

s. 356 (3) A licensee may not commence any of the following work without first receiving the approval of the Director:

1. Alterations, additions or renovations to the home.

1. The licensee failed to receive approval from the Director before commencing alterations, additions or renovations to the home's roof on December 10, 2024. The Interim Executive Director (ED) confirmed that an Operational Plan had not been submitted for the roof maintenance work.

**Sources:** observation, Interim ED interview.

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2. The license failed to receive approval from the Director, to alter resident spaces of the home into staff rooms. On a specific date during the inspection, residents were unable to enjoy the use of a resident lounge for recreational activities, when it was occupied by multiple student backpacks and personal belongings. The Interim ED confirmed that the student's personal belongings should not be in the resident's space.

**Sources:** observation, Interim ED interview.