



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection prévue  
sous *la Loi de 2007 sur les  
foyers de soins de longue  
durée***

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de 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

## **Amended Public Copy/Copie modifiée du public**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 04, 2019	2019_671684_0004 (A2)	026145-18, 026149-18, 026165-18, 026168-18, 027070-18, 027071-18, 027072-18, 027074-18	Follow up

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### **Licensee/Titulaire de permis**

Riverside Health Care Facilities Inc.  
110 Victoria Avenue FORT FRANCES ON P9A 2B7

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

Rainycrest  
550 Osborne Street FORT FRANCES ON P9A 3T2

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

Amended by CHAD CAMPS (609) - (A2)

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## **Amended Inspection Summary/Résumé de l'inspection modifié**



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**The compliance due date will be changed to July 15, 2019, to allow the home to achieve sustainable compliance.**

**Issued on this 4 th day of June, 2019 (A2)**

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

**Original report signed by the inspector.**



**Ministry of Health and Long-Term Care**

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**Rapport d'inspection prévue sous la Loi de 2007 sur les foyers de soins de longue durée**

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550 Osborne Street FORT FRANCES ON P9A 3T2

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

Amended by CHAD CAMPS (609) - (A2)

**Amended Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): February 5-7, 2019.**



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**The following intakes were inspected during this Follow Up Inspection:**

**Three intakes related to Trust accounts,**

**One intake related to Prevention of Abuse,**

**One intake related to Safe transferring and positioning,**

**One intake related to Responsive Behaviours, Falls Prevention and plan of care,**

**One intake related to Sufficient Staffing, and;**

**One intake related to Plan of care related to resident assessments.**

.

**A Other Inspection #2019\_671684\_0005, was conducted concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Director of Finance, Director of Human Resources, Finance Clerk, Reception Clerk, Administrative Assistant, Physiotherapist (PT), Restorative Care, Physiotherapist Aide (PTA), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Workers (PSWs), and residents.**

**The Inspectors also conducted daily tours of the resident care areas; observed provision of care and services to residents; and reviewed relevant licensee policies, procedures, resident health care records, and financial records.**



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

**Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Sufficient Staffing  
Trust Accounts**

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

**1 WN(s)  
0 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #004	2018_703625_0014	684
O.Reg 79/10 s. 241. (12)	CO #003	2018_703625_0014	684
O.Reg 79/10 s. 241. (8)	CO #002	2018_703625_0014	684
O.Reg 79/10 s. 31. (3)	CO #002	2018_655679_0022	613
O.Reg 79/10 s. 36.	CO #003	2018_655679_0022	681
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #004	2018_655679_0022	681
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2018_655679_0022	681
O.Reg 79/10 s. 8. (1)	CO #001	2018_703625_0014	684



**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. 59. Therapy services**

Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 9 of the Act that include,

- (a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs; and
- (b) occupational therapy and speech-language therapy. O. Reg. 79/10, s. 59.

**Findings/Faits saillants :**

1. The licensee has failed to ensure that therapy services for residents of the home were arranged or provided under section 9 of the Act that include, on-site physiotherapy provided to residents on an individualized basis or in a group



setting based on residents' assessed care needs.

During Inspection #2018\_655679\_0022, CO #001 was issued to the home, which ordered the licensee to prepare, submit and implement a plan which would ensure that the care set out in the plan of care was provided to all residents as specified in their plan, specifically ensuring that:

- a) Residents #007, #010, #013, and all other residents received their physiotherapy service interventions as outlined in their plan of care; and
- b) Resident #003's behavioural interventions outlined in the plan of care were implemented as outlined in their plan of care.

The compliance due date of this order was January 15, 2019.

Inspector #681 reviewed resident #007's plan of care, which indicated that the resident was to receive therapy services a specified number of times per week.

The Inspector reviewed a tracking sheet titled "Resident Physiotherapy Treatment", which was provided to the Inspector by PTA #112. The tracking sheet identified the following:

- During a specified week in 2019, resident #007 did not receive, nor were they offered, any therapy services;
- During a second specified week in 2019, resident #007 received therapy services once; and
- During a third specified week in 2019, the resident was offered, but refused therapy services once, while they received therapy services one specified day in that week.

During an interview with PTA #112, they indicated that they were responsible for implementing the therapy services that were outlined in the residents' plans of care. PTA #112 stated that resident #007 was to receive therapy services a specific number of times per week. PTA #112 stated that during a specified week in 2019, resident #007 was not approached to complete the specified therapy services. PTA #112 also stated that during another week in 2019, the resident had their therapy intervention completed on one occasion and that during another specified week in 2019, resident #007 refused the services on one occasion and





had them completed on one other occasion.

PTA #112 acknowledged that resident #007 was not receiving therapy services as outlined in their plan of care.

During an interview with the DOC, they acknowledged that therapy services were not provided to resident #007 as per the resident's plan of care.

2. Inspector #681 reviewed resident #010's plan of care, which indicated that the resident was to receive specific therapy services a specified number of times per week.

The Inspector reviewed a tracking sheet titled "Resident Physiotherapy Treatment", which was provided to the Inspector by PTA #112. The tracking sheet identified the following:

- During a specified week in 2019, resident #010 received therapy services a specified number of times;
- During a second specified week in 2019, resident #010 received therapy services a specified number of times; and
- During a third specified week in 2019, resident #010 received therapy services a specified number of times.

During an interview with PTA #112, they stated that resident #010 was to receive specified therapy services a specific number of times per week.

PTA #112 stated that during the three specified weeks identified in 2019, resident #010 had their therapy services completed a specified number of times per week; however, they were not completed according to the frequency specified in the resident's care plan. PTA #112 verified that therapy services were not provided as per resident #010's plan of care.

During an interview with the DOC, they acknowledged that therapy services were not provided to resident #010 as per the resident's plan of care. [s. 59. (a)]



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***Additional Required Actions:***

**CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

**(A2)**

**The following order(s) have been amended: CO# 001**

**Issued on this 4 th day of June, 2019 (A2)**

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

**Original report signed by the inspector.**



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**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*,  
L. O. 2007, chap. 8

Long-Term Care Homes Division  
Long-Term Care Inspections Branch  
Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

**Amended Public Copy/Copie modifiée du public**

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by CHAD CAMPS (609) - (A2)

**Inspection No. /  
No de l'inspection :** 2019\_671684\_0004 (A2)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 026145-18, 026149-18, 026165-18, 026168-18,  
027070-18, 027071-18, 027072-18, 027074-18 (A2)

**Type of Inspection /  
Genre d'inspection :** Follow up

**Report Date(s) /  
Date(s) du Rapport :** Jun 04, 2019(A2)

**Licensee /  
Titulaire de permis :** Riverside Health Care Facilities Inc.  
110 Victoria Avenue, FORT FRANCES, ON,  
P9A-2B7

**LTC Home /  
Foyer de SLD :** Rainycrest  
550 Osborne Street, FORT FRANCES, ON,  
P9A-3T2

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Brad Hall



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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*,  
L. O. 2007, chap. 8

To Riverside Health Care Facilities Inc., you are hereby required to comply with the following order(s) by the      date(s) set out below:



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*,  
L. O. 2007, chap. 8

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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 59. Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 9 of the Act that include,

- (a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs; and
- (b) occupational therapy and speech-language therapy. O. Reg. 79/10, s. 59.

**Order / Ordre :**

The Licensee must comply with s. 59 (a) of the Ontario Regulation, 79/10.

Specifically, the licensee must ensure:

- a) Residents #007, #010, #013, and all other residents receive their therapy service interventions as outlined in their plan of care.
- b) Ensure sufficient staff are available in the home to be able to implement all care planned therapy interventions for all residents.

**Grounds / Motifs :**

1. 1. The licensee has failed to ensure that therapy services for residents of the home were arranged or provided under section 9 of the Act that include, on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs.

During Inspection #2018\_655679\_0022, CO #001 was issued to the home, which ordered the licensee to prepare, submit and implement a plan which would ensure that the care set out in the plan of care was provided to all residents as specified in their plan, specifically ensuring that:

- a) Residents #007, #010, #013, and all other residents received their physiotherapy



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Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

service interventions as outlined in their plan of care; and  
b) Resident #003's behavioural interventions outlined in the plan of care were implemented as outlined in their plan of care.

The compliance due date of this order was January 15, 2019.

Inspector #681 reviewed resident #007's plan of care, which indicated that the resident was to receive therapy services a specified number of times per week.

The Inspector reviewed a tracking sheet titled "Resident Physiotherapy Treatment", which was provided to the Inspector by PTA #112. The tracking sheet identified the following:

- During a specified week in 2019, resident #007 did not receive, nor were they offered, any therapy services;
- During a second specified week in 2019, resident #007 received therapy services once; and
- During a third specified week in 2019, the resident was offered, but refused therapy services once, while they received therapy services one specified day in that week.

During an interview with PTA #112, they indicated that they were responsible for implementing the therapy services that were outlined in the residents' plans of care. PTA #112 stated that resident #007 was to receive therapy services a specific number of times per week. PTA #112 stated that during a specified week in 2019, resident #007 was not approached to complete the specified therapy services. PTA #112 also stated that during another week in 2019, the resident had their therapy intervention completed on one occasion and that during another specified week in 2019, resident #007 refused the services on one occasion and had them completed on one other occasion.

PTA #112 acknowledged that resident #007 was not receiving therapy services as outlined in their plan of care.

During an interview with the DOC, they acknowledged that therapy services were not provided to resident #007 as per the resident's plan of care.



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2. Inspector #681 reviewed resident #010's plan of care, which indicated that the resident was to receive specific therapy services a specified number of times per week.

The Inspector reviewed a tracking sheet titled "Resident Physiotherapy Treatment", which was provided to the Inspector by PTA #112. The tracking sheet identified the following:

- During a specified week in 2019, resident #010 received therapy services a specified number of times;
- During a second specified week in 2019, resident #010 received therapy services a specified number of times; and
- During a third specified week in 2019, resident #010 received therapy services a specified number of times.

During an interview with PTA #112, they stated that resident #010 was to receive specified therapy services a specific number of times per week.

PTA #112 stated that during the three specified weeks identified in 2019, resident #010 had their therapy services completed a specified number of times per week; however, they were not completed according to the frequency specified in the resident's care plan. PTA #112 verified that therapy services were not provided as per resident #010's plan of care.

During an interview with the DOC, they acknowledged that therapy services were not provided to resident #010 as per the resident's plan of care. [s. 59. (a)]

The decision to issue a compliance order was based on the severity level 2, where there was the potential for actual harm to occur; and the scope level 2, as a pattern of non-compliance was identified. The home has a compliance history level 2, one or more unrelated non-compliance in the last 36 months. (684)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Jul 15, 2019(A2)



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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 to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:



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L. O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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L. O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*,  
L. O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 4 th day of June, 2019 (A2)**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :**

Amended by CHAD CAMPS (609) - (A2)



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*,  
L. O. 2007, chap. 8

**Service Area Office /  
Bureau régional de services :**

Sudbury Service Area Office