



**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 le Loi de 2007 les foyers de soins de longue**

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

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<b>Date(s) of inspection/Date(s) de l'inspection</b>	<b>Inspection No/ No de l'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
Jun 7, 9, 13, Nov 8, 14, 15, 18, 21, 2011	2011_051106_0001	Complaint

**Licensee/Titulaire de permis**

**ST. JOSEPH'S CARE GROUP  
35 NORTH ALGOMA STREET, P.O. BOX 3251, THUNDER BAY, ON, P7B-5G7**

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

**HOGARTH RIVERVIEW MANOR  
300 LILLIE STREET, THUNDER BAY, ON, P7C-4Y7**

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

**MARGOT BURNS-PROUTY (106)**

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

**The purpose of this inspection was to conduct a Complaint inspection.**

**During the course of the inspection, the inspector(s) spoke with Clinical Care Coordinator, Registered Nursing staff, Personal Support Workers, Environmental Services worker, Residents and Family members.**

**During the course of the inspection, the inspector(s) Conducted a walk-through of all resident home areas and various common areas, observed care provided to residents in the home, reviewed electronic and written plans of care, progress notes and interviewed residents and family members.**

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

**Contenance Care and Bowel Management**

**Responsive Behaviours**

**Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

<b>Legend</b> WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b> WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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.  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**  
**Specifically failed to comply with the following subsections:**

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(a) the planned care for the resident;**  
**(b) the goals the care is intended to achieve; and**  
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).**

**Findings/Faits saillants :**

1. A resident's written plan of care, reviewed on June 8, 2011, by inspector 106, identifies, a "Scheduled Toileting Plan". A copy of the "Scheduled Toileting Plan" was not found. 2 PSWs, interviewed, gave different descriptions of the manner in which the resident is toileted. The licensee failed to ensure that the plan of care for a resident sets out clear directions to staff and others who provide direct care to the resident. [LTCHA, 2007 S.O. 2007, c. 8, s. 6 (1)(c)] (106)
2. On June 9, 2011, progress notes for resident were reviewed by inspector 106. There are multiple documented incidents of a resident demonstrating responsive behaviours. There are no interventions in the resident's plan of care that provide directions to staff and others who provide direct care to the resident related to the management of their responsive behaviours. The licensee failed to ensure that the plan of care for a resident sets out clear directions to staff and others who provide direct care to the resident. [LTCHA, 2007 S.O. 2007, c. 8, s. 6. (1) (c)] (106)
3. A resident's written plan of care, reviewed on June 8, 2011, by inspector 106, identifies, a "Scheduled Toileting Plan". 2 PSWs and 1 RPN, interviewed, were unaware that the resident had a "Scheduled Toileting Plan". The licensee failed to ensure that the staff and others who provide direct care to a resident were kept aware of the contents of their plan of care. [LTCHA, 2007 S.O. 2007, c. 8, s. 6. (8)] (106)

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16.**

**Findings/Faits saillants :**

1. On June 7, 2011, at 1310 hrs, inspector 106 found, one window in the Spruce den/TV lounge that opens to the outdoors and is accessible to the residents was able to be opened fully and in excess of 15 centimeters. On June 7, 2011, at 1230 hrs, inspector 106 found, one window in the Cedar den/TV lounge that opens to the outdoors and is accessible to the residents was able to be opened fully and in excess of 15 centimeters. On June 9, 2011, at approximately 1154 hrs, inspector 106 found the window farthest from the door, in the Cedar den/TV lounge, that opens to the outdoors and is accessible to the residents was able to be opened fully and in excess of 15 centimeters. The licensee failed to ensure that every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimeters. [O. Reg. 79/10, s. 16] (106)

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

Specifically failed to comply with the following subsections:

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

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**Findings/Faits saillants :**

1. On June 10, 2011 at 0830 hrs, during an interview with the Clinical Care Coordinator, she reported that there was no written description of the Continence Care and Bowel Management Program. The licensee failed to ensure that there is a written description of the Continence Care and Bowel Management Program that includes its: goals and objectives, relevant policies, procedures and protocols, methods to reduce risk, outcomes monitoring and protocols for referral of residents to specialized resources where required. [O. Reg. 79/10, s. 30. (1) 1] (106)

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**

Specifically failed to comply with the following subsections:

**s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:**

- 1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.**
- 2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.**
- 3. Resident monitoring and internal reporting protocols.**
- 4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).**

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**Findings/Faits saillants :**

1. The licensee has not developed written approaches, strategies and protocols for monitoring and internal reporting for residents exhibiting responsive behaviours. The Clinical Care Coordinator, told inspector 106 that "they are currently working on developing written policies and procedures for the Responsive Behaviour Program." [O. Reg. 79/10, s. 53. (1) 2] (106)

Issued on this 22nd day of November, 2011

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

