



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

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

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

**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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 9, Oct 25, 27, 28, 31, Nov 1, 2011	2011_051106_0007	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, RAI Coordinator, Registered Nursing staff, Personal Support Workers, Physiotherapist Assistant, Activity Coordinator, Dietary Aide, Family Members and Residents.

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 plans of care, reviewed written plans of care, reviewed progress notes, interviewed staff members and interviewed residents.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Food Quality

Hospitalization and Death

Personal Support Services

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>Legende</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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. A resident's plan of care under the section titled "Vision r/t glaucoma" has interventions that state, "Corrective lenses, Last appt. 2009 - glasses are missing" and "Ensure that Glasses are on and are clean each morning". These two interventions contradict each other and do not set out clear directions to staff and others who provide direct care to the resident. The licensee failed to ensure that the plan of care for a resident set 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. In a resident's plan of care under the section titled "Vision r/t glaucoma", there is an intervention that states, "Ensure that Glasses are on and are clean each morning". A PSW was interviewed on August 11, 2011 and she reported that the resident did not have their own glasses. She stated that she had found a pair of glasses from another discharged resident and gave them to the resident to use. The PSW stated that the resident used these glasses for approximately 2 months until they broke. The PSW stated she was unaware of how long the resident's prescribed glasses were missing. The licensee failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan. [LTCHA, 2007, S. O. 2007, c. 8, s. 6. (7)] (106)

**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 the plan of care for each resident sets out clear directions to staff and others who provide direct care to the residents and that all residents are provided with care as set out in their respective plans of care, to be implemented voluntarily.**

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

Specifically failed to comply with the following subsections:

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:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

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**Findings/Faits saillants :**

1. The inspector interviewed three residents about the taste of the food offered in the home, two of the three residents were not satisfied with the taste of the food. The licensee failed to ensure that food that is served is palatable to residents. [O. Reg. 79/10, s. 73. (1) 6.] (106)

Issued on this 7th day of November, 2011

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

