Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

North District
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Public Report

Report Issue Date: July 7, 2025
Inspection Number: 2025-1407-0003
Inspection Type: Critical Incident
Licensee: St. Joseph's Care Group
Long Term Care Home and City: Hogarth Riverview Manor, Thunder Bay

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 23 - 26, 2025.

The following intake(s) were inspected:
- An intake related to a fall of a resident resulting in injury.
- Three intakes related to disease outbreaks.
- An intake related to a missing resident.
- An intake related to an unexpected death of a resident.
- An intake related to alleged abuse of a resident by another resident.

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

Resident Care and Support Services
Infection Prevention and Control
Safe and Secure Home
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments, care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (b)
Plan of care
s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that an Registered Nurse (RN) collaborated with registered staff in the implementation of a resident's plan of care so that the different aspects of care were integrated and consistent with each other when they did not communicate specific care requirements to the oncoming RN that the resident required.

Sources: Resident's health care records; Policy: "Plan of Care" last updated November 2023; Night shift report; Home's internal investigation; and interviews with three RNs and a Clinical Manager.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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.

The licensee failed to ensure that hourly care and comfort round safety checks for a resident, as set out in the plan of care, were provided to resident as specified in the plan.

Sources: Policy: Care and Comfort Rounds; Home's internal investigation file; Interviews with a Personal Support Worker (PSW) and a Clinical Manager.

WRITTEN NOTIFICATION: Documentation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 3.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
3. The effectiveness of the plan of care.

The licensee has failed to ensure that the effectiveness of resident's fall prevention plan of care was documented when they refused to use an intervention.

Sources: Inspector observations; Policy: "Plan of Care" last updated November 2023; Resident's health care records and plan of care; and interviews with a RPN and Administrator.

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of

care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was revised when their needs changed, when a PSW and registered staff verified they required two specific fall interventions in place, but the plan of care specified only one.

Sources: Inspector observations; Policy: "Plan of Care" last updated November 2023; Resident's plan of care; and interviews with a PSW, RPN, and Administrator.

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the home's equipment was maintained in a safe and good state of repair when equipment used for fall support was found malfunctioning and in need of repair.

Sources: Inspector observations and interviews with a PSW, RPN, Clinical Manager and Administrator.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that a written policy to promote zero tolerance of abuse and neglect of residents, was complied with by a staff member.

Specifically, a staff member did not comply with the licensee's "Zero Tolerance of Resident Abuse and Neglect: Response and Reporting" policy, when they did not appropriately report an incident.

Sources: Review of the home's internal investigation file; Interviews with Clinical Manager and Administrator; and Policy: Zero Tolerance of Resident Abuse and Neglect: Response and Reporting, last reviewed February 2024.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (5) 1.
Reports re critical incidents
s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:
1. A description of the incident, including the type of incident, the area or location

of the incident, the date and time of the incident and the events leading up to the incident.

The licensee has failed to ensure that all the events leading up to a Critical Incident were included in the report to the Director.

Sources: Policy: Critical Incident Reporting (ON), last revised February 2024; CI report; and interviews with a RN and Clinical Manager.

WRITTEN NOTIFICATION: Emergency plans

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. viii.
Emergency plans
s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:
1. Dealing with emergencies, including, without being limited to,
viii. situations involving a missing resident,

The licensee failed to ensure that emergency plans which included situations involving a missing resident had been complied with when a resident was determined to be missing on a specific date.

In accordance with O. Reg 246/22 s. 11. (1) (b) the licensee was required to have and institute a plan and to ensure the plan is complied with.

Specifically, a RN did not comply with the home's Code Yellow Policy by immediately initiating a code yellow search when they were notified that a resident was missing.

Sources: Policy: Code Yellow; Home's internal investigation file; and an interview with a RN.

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