

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: April 23, 2025

Inspection Number: 2025-1067-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: Revera Long Term Care Inc.

Long Term Care Home and City: Garden City Manor, St Catharines

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 8-11, April 14-15, April 17, and April 22-23, 2025

The following intake(s) were inspected:

- Intake #00144248 - Proactive Compliance Inspection (PCI)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The licensee has failed to ensure that controlled substances were stored in a stationary cupboard in the locked area.

The home stored their emergency supply of controlled substances requiring refrigeration, in the refrigerator in the medication storage room located on a resident home area. The Inspector and staff observed the refrigerator to not be stationary when it was able to be moved sideways.

On April 15, 2025, maintenance staff secured the refrigerator to the wall.

Sources: Observation of the controlled substances storage in the medication storage room on a resident home area, with staff present.

Date Remedy Implemented: April 15, 2025

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WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The Licensee has failed to ensure that concerns, recommendations or advice from residents council were responded to, in writing, within 10 days.

A review of the response dates on residents council concern forms and food committee meeting minutes indicated that identified concerns were not responded to within the 10 day period. The response dates were either not documented or documented after the 10 day period. This was confirmed by management in the home.

Sources: Residents' council concern forms; food committee meeting minutes; interviews with management.

WRITTEN NOTIFICATION: Doors in a home

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

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The licensee failed to ensure that the laundry room door was locked when not supervised by staff.

The home's laundry room door was observed to be closed during a tour of the home. The inspector was able to open the door and observed two dryers in operation and hazardous chemicals sitting inside a pail in the sink. No staff were observed in this non-residential area. Management who observed the unlocked door and unoccupied laundry room, confirmed the door was to be locked when staff were not in the room.

When doors that lead to non-residential areas are not locked when not being supervised by staff, this has the potential to place residents' safety and security at risk for harm.

Sources: observation of the laundry room and an interview with management.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (1) (a)

Nutritional care and hydration programs

s. 74 (1) This section and sections 75 to 84 apply to,

(a) the organized program of nutritional care and dietary services required under clause 15 (1) (a) of the Act; and

The Licensee has failed to ensure that staff checked food temperatures on all required food items on a specified date.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the nutritional care and hydration program is complied with. Specifically, staff did not comply with the Food Temperature Checklist policy when they did not take

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and record temperatures for all diet types and textures.

A review of the food temperature report from lunch on a resident home area showed missing temperatures on three food items. Staff acknowledged they only took temperatures on regular textured items and not the pureed or minced textured items.

Sources: The home's Food Temperature Checklist policy, last reviewed March 31, 2025; food temperature report; interviews with management and staff.

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

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