

**Ministry of Long-Term Care**

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

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Original Public Report

**Report Issue Date:** October 22, 2024.

**Inspection Number:** 2024-1407-0004

**Inspection Type:**

Complaint  
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 dates: September 23 - 26, 2024.

The following intakes were inspected:

- One Intake for a complaint regarding resident care concerns;
- One Intake re: resident elopement;
- One Intake for an outbreak;
- One Intake re: improper/incompetent care of a resident by staff;
- Two Intakes re: resident falls which resulted in an injury; and
- One Intake re: unexpected death of a resident.

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Food, Nutrition and Hydration  
Safe and Secure Home  
Infection Prevention and Control

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Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Falls prevention and management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with the falls prevention and management program strategies to reduce or mitigate falls for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure the at a minimum, strategies were provided to reduce or mitigate falls, including the use of equipment, supplies, devices and assistive aids and must be complied with.

Specifically, a Personal Support Worker (PSW), did not comply with the policy, "Falls Management and Prevention Program".

### **Rationale and Summary**

A resident experienced an unwitnessed fall and was subsequently found by staff.

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It was noted in the home's internal investigation file that a PSW did not adhere to the established "Falls Management and Prevention Program" policy when they assisted the resident after they had fallen.

**Sources:** Review of a residents' health records; Interviews with Clinical Manager (CM); Internal investigation file; and Policy: "Falls Management and Prevention Program" last updated July 2023.

## **WRITTEN NOTIFICATION: Safe Lifts and Transfers**

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee failed to ensure that staff used safe transferring techniques when assisting a resident.

**Rationale and Summary**

A resident was transferred with a mechanical lift by one staff member.

A CM confirmed that the PSW had not followed the home's policy on safe lifts and transfers.

**Sources:** Review of a Critical Incident (CI) report, the home's investigation file, licensee policy titled, "Mechanical Lifts - LAST UPDATED: August 2017"; a residents'

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health care records; and interviews with a PSW and a CM.

## WRITTEN NOTIFICATION: Infection Prevention and Control

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee had failed to implement the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director.

Specifically,

9.1 The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include:

d) Proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal.

### Rationale and Summary

A PSW was observed providing assistance to a resident and was not wearing PPE according to the signage posted outside the resident room.

**Sources:** Observations; interviews with the IPAC Coordinator; and review of the licensee policy titled, Personal Protective Equipment - LAST REVIEWED: January 2024.

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## COMPLIANCE ORDER CO #001 Dietary services and hydration

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 15 (2)**

Dietary services and hydration

s. 15 (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- a) Develop and implement an auditing system to ensure that dietary staff, and those staff assisting residents with meals are providing the correct texture and positioning of residents;
- b) Document the audits and ensure that these audits include the date, time, name, home area and signature of the staff member conducting the audits;
- c) Document any immediate corrective action if deficiencies are observed, including following up with staff who are responsible for the provision of the correct textures and those staff assisting residents with meals;
- d) Conduct the audits at various resident dining areas for four weeks or longer if continued concerns are identified; and,

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e) Maintain all documentation of the audits and make available to the Inspector(s) upon request.

**Grounds**

The licensee failed to ensure that a resident was provided with food that was safe for the resident based upon their assessed needs.

**Rationale and Summary**

A resident was provided with incorrect dietary interventions during a meal service.

The resident's plan of care indicated they required interventions for specific dietary requirements, positioning and assistance during meals.

**Sources:** Review of a CI report, a resident's health care records, the home's investigation file, the home's training on resident positioning during meals; observations of video surveillance; and interviews with a PSW, a Dietary Aide (DA), a Clinical Manager (CM), a Registered Dietitian (RD) and a Speech Language Pathologist (SLP).

**This order must be complied with by** December 2, 2024.

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:



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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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