

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: January 30, 2025

Inspection Number: 2025-1067-0001

Inspection Type:

Complaint
Critical Incident

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): January 21, 23, 24, 27-30, 2025

The following intake(s) were inspected:

- Intake: #00127986 - Critical Incidents (CI): 2364-000031-24 – Prevention of Abuse and Neglect.
- Intake: #00130557 - [CI: 2364-000035-24] – Resident Care and Support Services.
- Intake: #00132657 – Food, Nutrition and Hydration, Resident Care and Support services, Responsive Behaviours.
- Intake: #00134747 - Complaint related to Resident Care and Support services, Food, Nutrition and Hydration.

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

Resident Care and Support Services
Food, Nutrition and Hydration
Infection Prevention and Control

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Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 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 has failed to ensure that the plan of care for a resident was followed when daily weights for the purpose of medical diagnosis monitoring were not taken and recorded on set dates.

Sources: resident's weight record and plan of care; progress notes; interview with staff.

WRITTEN NOTIFICATION: Bathing

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

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

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The licensee has failed to ensure that a resident was bathed twice weekly on identified dates, as the home acknowledged several dates missed documentation to support that the task had been completed.

Sources: Resident's plan of care; unit shower schedule; the home's policy "LTC-Bath and Shower Guidelines", dated March 31, 2024; Interviews with staff.

WRITTEN NOTIFICATION: Food production

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

Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

The licensee has failed to ensure that food and fluids prepared, stored, and served to resident requiring photographs to prevent adulteration was complied with, when there were inconsistencies with a meal served to the resident.

Sources: Observation, dietary department IPAD, bulletin board in kitchen, interview with staff.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.

Dining and snack service

s. 79 (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:

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4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

The licensee has failed to ensure that their process kept food service workers aware of a resident's diet texture change after a return from hospital on a set date, when the electronic system did not update appropriately, and no other written communication was made to inform the kitchen of the change to a modified texture foods. At dinner service on a set date, a cook plated the incorrect texture for the resident, which was then served to the resident. The diet texture was corrected by nursing staff before the resident was assisted with eating.

Sources: progress notes, hospital discharge orders, home's investigative notes; Interviews with staff.

WRITTEN NOTIFICATION: Medication management system

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure that registered staff followed best practice standards when staff did not implement the home's policy regarding oxygen therapy usage, and documentation of such in the electronic Medication Administration Record (eMAR). During specified dates, the progress notes for the resident identified the application and use of an as needed (PRN) oxygen therapy intervention, however this was not documented in the eMAR as required.

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Sources: the home's policy titled "LTC Use of Oxygen Therapy", dated March 31, 2024; eMAR and progress notes for resident; interviews with the staff.