



**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
prévus 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**

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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
Apr 24, 25, 26, 27, May 2, 28, 29, 30, Jun 1, 4, 2012	2012_104196_0010	Mandatory Reporting

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

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Mandatory Reporting inspection.

During the course of the inspection, the inspector(s) spoke with the Clinical Care Coordinator (CCC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Environmental Services worker, Residents

During the course of the inspection, the inspector(s) conducted a tour of all resident home areas and common rooms, observed the provision of care and services to residents in the home, reviewed the health care records of several residents, reviewed the Critical Incident report submitted to the Ministry of Health and Long-Term Care (MOHLTC), reviewed various policies and procedures

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. (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).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

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,

- (a) a goal in the plan is met;**
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or**
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,

(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and

(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings/Faits saillants :

1. The inspector reviewed the care plan for resident #004 and it identified a toileting schedule of 0830, 1100, 1300, 1600 and 2000 hrs. The care plan for resident #005 was reviewed and identified that they are to be toileted by staff at 0800, 1100, 1300, 1600 and 2000 hrs and as necessary if awake at night. An interview was conducted with staff member #110 on April 25, 2012 at 1500 hrs and they stated that both of these residents are to be toileted every 2 hours while awake. The direct care staff member was unaware of the contents of the residents' plans of care relating to toileting for residents #004 and #005.

The licensee failed to ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. [LTCHA 2007, S.O.2007, c. 8, s. 6 (8).]

2. Inspector conducted an interview with staff member #120 on April 25, 2012 regarding the "scheduled toileting plan" for resident #002 and they stated "we put them on the toilet as they need" and that the "toileting routine would be q 2 hours assist to the toilet, or after every meal". An interview was conducted with staff member #125 on April 25, 2012 and they stated resident #002 is to be taken to the toilet every two hours. The care plan was reviewed and lists the regular toileting to occur at 0830, 1230, 1730 and 2200 hrs. Both direct care staff members that were interviewed were unaware of the contents of resident #002's toileting plan of care.

The licensee failed to ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. [LTCHA 2007, S.O.2007, c. 8, s. 6 (8).]

3. The inspector reviewed the care plan for resident #006 and it stated "check and change pads q 2 hours and prn". An interview was conducted with staff member #115 on April 25, 2012 and it was identified that this resident "was on a toileting routine but now goes on their own, wears a day pad and a night time brief". Staff member #115 also stated that the resident is to be encouraged to go to the toilet or change the pad on their own and they no longer require staff to check and change pads q 2 hours during the day. The inspector had determined through record review and various staff member interviews that this resident had sustained a fractured hip in the past which required increased assistance with continence care. Resident #006 had since made a recovery from the fractured hip and the plan of care was not revised to reflect this change in the resident's care needs.

The licensee failed to 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 [LTCHA 2007, S.O.2007, c.8, s.6(10)(b).]

4. A Critical Incident report was submitted to the MOHLTC for resident #001. The report outlines the resident being left on the toilet unattended by a staff member and subsequently having a fall. The care plan identified the resident to be at a risk for falls and that "staff are not to leave unattended on toilet". The licensee did not ensure that the resident was supervised while on the toilet.

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. [LTCHA 2007, S.O.2007, c. 8, s. 6 (7).]

5. The care plan dated April 7, 2012 for resident #001 was reviewed by the inspector. It identified that this resident was on a scheduled toileting plan of "before and after meals, every morning and in the evening to reduce incontinent episodes". The inspector conducted an interview with staff member #130 on April 26, 2012 and they stated the resident was "not toileted this morning as their brief was very wet" and was "pressed for time". The resident was not toileted according to the schedule that is outlined in the care plan.

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. [LTCHA 2007, S.O.2007, c. 8, s. 6 (7).]

6. An interview with staff member #115 was conducted on April 25, 2012. This staff member informed the inspector that on Tuesday April 24, 2012, resident #002 did not have a staff member assigned to provide 1:1 care from 1500 hrs to 2100 hrs. During that time period, the resident had a fall and suffered an abrasion to the lower back. Inspector reviewed the resident's care plan and it stated 1:1 staff during the hours of 1400 hrs to 2300 hrs as per date of February 26, 2012 and some sections of the care plan noted the hours as being 1500 hrs to 2200 hrs. According to staff member #115, the hours for 1:1 are now 1500 hrs through to 2100 hrs. The home did not provide 1:1 care to the resident as specified in the plan of care on Tuesday April 24, 2012.

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. [LTCHA 2007, S.O.2007, c. 8, s. 6 (7).]

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 that ensures that staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care, that the residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when residents care needs change or care set out in the plan is no longer necessary, and that the care set out in the plan of care is provided to residents as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training
Specifically failed to comply with the following subsections:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights.**
- 2. The long-term care home's mission statement.**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.**
- 4. The duty under section 24 to make mandatory reports.**
- 5. The protections afforded by section 26.**
- 6. The long-term care home's policy to minimize the restraining of residents.**
- 7. Fire prevention and safety.**
- 8. Emergency and evacuation procedures.**
- 9. Infection prevention and control.**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :

1. An interview was conducted with the Clinical Care Coordinator (CCC) on April 27, 2012 and they confirmed that retraining in the duty to make mandatory reports under section 24, Residents' Bill of Rights, the home's policy to promote zero tolerance of abuse and neglect of residents and whistle blowing protection, is not yet provided to staff members. The CCC stated this retraining will start once the updated abuse and neglect policies are approved. The licensee failed to ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. [LTCHA 2007, S.O.2007, c. 8, s. 76. (4).]

2. Inspector conducted separate interviews with direct care staff members #135, #140 and #145 on April 27, 2012 regarding the training that they have received. Staff could not recall receiving training relating to the duty to make mandatory reports under section 24. Staff member #145 stated to the inspector "is this about doing reports on the computer?"

The licensee failed to ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: 4. The duty under section 24 to make mandatory reports. [LTCHA 2007, S.O.2007, c.8, s.76.(2)4.].

3. An interview was conducted with staff member #145 on April 27, 2012 regarding the protections afforded by section 26. This staff member did not have an understanding of "whistle blowing protection" and told the inspector "its maybe where you blow a whistle to get some help".

The licensee failed to ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: 5. The protections afforded by section 26. [LTCHA 2007, S.O.2007, s.76.(2)5.]

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 that will ensure all staff in the home do not perform their responsibilities before receiving training in the areas of the duty under section 24 to make mandatory reports, the protections afforded by section 26 and to ensure staff have received retraining in these areas as required by the regulations, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management
Specifically failed to comply with the following subsections:**

s. 51. (2) Every licensee of a long-term care home shall ensure that,

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;**
- (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;**
- (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;**
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;**
- (e) continence care products are not used as an alternative to providing assistance to a person to toilet;**
- (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;**
- (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and**
- (h) residents are provided with a range of continence care products that,**
 - (i) are based on their individual assessed needs,**
 - (ii) properly fit the residents,**
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,**
 - (iv) promote continued independence wherever possible, and**
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. Inspector reviewed the "Bladder and Bowel Continence Assessment" document that is completed upon a resident's admission to the home. The completed document dated February 26, 2010 for resident #001 identified them as incontinent of bowel and bladder but failed to include an assessment and subsequent identification of causal factors, patterns and types of incontinence.

The licensee failed to ensure that, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; [O.Reg.79/10,s.51(2)

(a)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs



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Specifically failed to comply with the following subsections:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Findings/Faits saillants :

1. Inspector reviewed the home's current continence care and bowel management program. It consisted of a three day voiding record, the "Bladder and Bowel Continence Assessment" form that is completed on admission and a form titled "toileting schedule". In addition, the home has a "continence care team" that meets monthly. This team identifies residents that could benefit from strategies to promote continence and reduce urinary tract infections. The inspector obtained a copy of the "Continence Care and Bowel Management Toolkit" with a date of March 2012 from the Continuing Care Coordinator (CCC) on April 26, 2012. The CCC stated this was a "draft copy" and the program was not yet in place in the home. The home had developed an interdisciplinary program for continence care and bowel management but it was not yet implemented.

The licensee failed to ensure that the following interdisciplinary programs are developed and implemented in the home:

3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. [O.Reg.79/10,s.48.(1)3.]

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 that ensures a continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable is implemented in the home, to be implemented voluntarily.

Issued on this 4th day of June, 2012

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