



**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 prévue 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  
Direction de l'amélioration de la performance et de la conformité

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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
Jun 12, 13, 20, 21, Jul 12, 13, Aug 28, 31, 2012	2012_025168_0009	Critical Incident

**Licensee/Titulaire de permis**

RYKKA CARE CENTRES LP  
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

**Long-Term Care Home/Foyer de soins de longue durée**

WELLINGTON PARK CARE CENTRE  
802 HAGER AVENUE, BURLINGTON, ON, L7S-1X2

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

LISA VINK (168), RICHARD HAYDEN (127)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing and the Nurse Clinician regarding log numbers H-00799-12 and H-00832-12.

During the course of the inspection, the inspector(s) reviewed management's investigation file of the incident, reviewed policies and procedures and reviewed an employee's personnel file.

The following Inspection Protocols were used during this inspection:

Minimizing of Restraining

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**



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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. 30. Protection from certain restraining**

Specifically failed to comply with the following subsections:

- s. 30. (1) Every licensee of a long-term care home shall ensure that no resident of the home is:
1. Restrained, in any way, for the convenience of the licensee or staff.
  2. Restrained, in any way, as a disciplinary measure.
  3. Restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36.
  4. Restrained by the administration of a drug to control the resident, other than under the common law duty described in section 36.
  5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).

**Findings/Faits saillants :**

1. The licensee did not ensure that a resident was not restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36.

Interview with administrator and employee statements confirm that during an identified shift in 2012, resident #001, was restrained in the wheelchair.

The resident was unable to release the device.

Prior to the application of the device on this shift there were no risks to the resident identified, no current order or consent for it's use, and no alternatives tried and considered.

**WN #2: 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).

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**Findings/Faits saillants :**

1. The licensee did not ensure that residents who require continence care products have sufficient changes to remain clean, dry, and comfortable.

Employee statements and interview with management staff confirmed that on an identified night shift in 2012, there was a staff shortage on an identified Unit.

The Personal Support Worker (PSW) who worked this shift completed only one of the two required continence care rounds on residents who required continence care products.

When the day shift arrived a number of residents were noted to be found incontinent of feces and urine, with some identified to have urine pooling on the floor underneath of their beds.

Issued on this 31st day of August, 2012



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prévus le Loi de 2007 les  
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Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

A handwritten signature in black ink, appearing to be "H. J. ...", written in a cursive style.