



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des Soins
de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 21, 2019	2019_526645_0003	008630-19	Follow up

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Eatonville Care Centre
420 The East Mall ETOBICOKE ON M9B 3Z9

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

DEREGE GEDA (645)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): May 14, 15 and 16, 2019.

The following follow up inspection with Log# 008630-19 related to plan of care, was inspected.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Directors of Care (ADOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers, (PSWs), and Residents.

During the course of the inspection, the inspector(s) reviewed the health records for residents #001, #003, #005, #055 and #056, reviewed the home's policies and procedures, and documents related to the compliance plan.

**The following Inspection Protocols were used during this inspection:
Personal Support Services**

During the course of this inspection, Non-Compliances were issued.

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2019_654618_0015		645

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 O.Reg 79/10, s. 9. Doors in a home



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Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. 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. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :



1. The licensee has failed to ensure that doors leading to non-residential areas were locked when they are not supervised by a staff.

During the course of a follow up inspection on May 14, 2019, at approximately 1234 hours, inspector #645 observed the following doors were equipped with keypad locks, closed, but not locked.

- Clean Utility room on the third and fifth floor across from the nursing station and
- The kitchenette's room doors on the second and fifth floor.

On May 15, 2019, the clean utility room on the fourth floor was wide open. The utility room has large-oxygen tanks, cleaning chemicals and small portable oxygen tanks stored in it. Both the clean utility and kitchenette doors have signs specifying, Authorized Personnel Only and allowing access to staff members only.

During the above observation, residents were ambulating in the areas and staff were not observed in close proximity. All the doors were equipped with mechanical locking mechanisms but they were not locking all the time.

An interview with Registered Nurse (RN) #100 confirmed that the clean utility room on the fourth floor was wide open and unlocked. RN #100 closed and locked the door immediately and indicated the door was supposed to be locked at all times to prevent resident from entering.

An interview with Personal Support Worker (PSW) #102 and RN #101 confirmed that both the kitchenette and the clean utility rooms on the fifth floor were not locked and were accessible to residents. They both reiterated that it is the expectation of the home to have the door locked all the time to prevent residents from accessing them.

An interview with the Director of Environmental Services (DES) and the Administrator confirmed that the above mentioned doors were expected to be locked at all times. [s. 9. (1) 2.]



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Issued on this 21st day of May, 2019

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

Original report signed by the inspector.