



**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 sous la Loi de 2007 sur les foyers de soins de longue durée**

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 31, 2013	2013_219211_0024	T-274-13	Complaint

**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**

EATONVILLE CARE CENTRE  
420 THE EAST MALL, ETOBICOKE, ON, M9B-3Z9

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

JOELLE TAILLEFER (211)

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

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 5, 6, 9, 11, 12, 13, 17, 19, 2013 (on-site)

During the course of the inspection, the inspector(s) spoke with assistant director of care, staffing coordinator, physiotherapist, registered staff and personal support workers

During the course of the inspection, the inspector(s) reviewed clinical records, pain management policy, staff training in pain management and observed provision of care

The following Inspection Protocols were used during this inspection:



Hospitalization and Death

Pain

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

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**Findings/Faits saillants :**

1. The licensee failed to ensure that resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose when resident's pain was not relieved by initial intervention.

On an identified date, the progress notes indicate that resident #1 was complaining of pain in the early morning. On an identified date, the progress notes indicate that resident #1 complained of pain in different areas and also he/she verbalized that the pain was "killing" him/her. Clinical record review and staff interview indicates that pain management was provided at 08:00 with minimal effect.

The home's policy titled "Pain management" revised on July 15, 2013, requires staff if pain is not relieved with initial intervention to complete a pain management assessment.

Clinical record review and staff interviews revealed that resident #1 was not assessed using a clinically appropriate assessment instrument when the pain was not relieved by the initial intervention. [s. 52. (2)]

**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 to ensure that resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the home is a safe and a secure environment for its residents.

On December 4, 2013, the inspector observed that the equipment and wheeled kitchen trays were placed on both sides of the hallways on each resident's unit. Staff interview confirmed that the equipment and wheeled kitchen trays which were left on both side of the hallways could be both a fire hazard and a fall risk for residents. [s. 5.]



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**WN #3: 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:**

**s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,  
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).  
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).**

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**Findings/Faits saillants :**

1. The licensee failed to collaborate with each other in the assessment of the resident #1 so that their assessments are integrated, consistent with and complement each other.

Clinical record review and physiotherapist interview indicated that resident #1's pain was reported to a registered staff on an identified date. Clinical record review and staff interview indicates that resident #1 was not assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [s. 6. (4) (a)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc.,  
to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,  
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).  
(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**



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1. The licensee failed to comply with the home's pain management policy. The home's pain management policy revised on July 15, 2013, indicates that a pain flow sheet shall be initiated upon a new pain management medication. On an identified date, an order was written to administer analgesic on a regular basis for resident #1. Clinical review and staff interview revealed that the pain flow sheet was not initiated upon initiation of new pain management medication. [s. 8. (1)]

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**Issued on this 7th day of January, 2014**

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

*Joelle Taillefer R.P., B.Sc.N*