



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

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 23, 2015	2015_275536_0003	H-001490-14	Complaint

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**Licensee/Titulaire de permis**

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

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

COOKSVILLE CARE CENTRE  
55 THE QUEENSWAY WEST MISSISSAUGA ON L5B 1B5

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

CATHIE ROBITAILLE (536)

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

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

**This inspection was conducted on the following date(s): January 26, 27, 28, 29, 30, February 4 and 5, 2015.**

**This complaint was conducted concurrently with the Resident Quality Inspection.**

**During the course of the inspection, the inspector(s) spoke with the resident, family, Registered Staff, Social Workers, Clinical Director of Nursing and the Administrator.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Personal Support Services**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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

Legend	Legendé
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. 26. Plan of care  
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary  
assessment of the following with respect to the resident:**

**12. Dental and oral status, including oral hygiene. O. Reg. 79/10, s. 26 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #043's plan of care was based on, at a minimum, interdisciplinary assessment of dental and oral status.

A review was completed of resident #043 clinical records. The plan of care which the home refers to as the care plan, stated that staff were to report any signs of infection, swelling of gums, loose or decayed teeth. It was identified in the clinical records, that resident #043 was being monitored for pain management in relation to ongoing dental complaints. The progress notes identified that regular pain assessments were completed; however, there was no physical assessment notes found in the progress notes or clinical records. On January 28, 2015, a Registered Staff meeting was held with 12 Registered Staff in attendance. The Clinical Director of Nursing confirmed, that when she asked the Registered Staff who had provided care to resident #043, it was identified that the Registered Staff did their assessments based only on the information provided by resident #043. The Clinical Director of Nursing confirmed that the Registered Staff in attendance at the January 28, 2015 meeting, did not physically look in resident #043's mouth but, based their assessment on what was voiced by the resident. [s. 26. (3) 12.]

***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 and ensuring that the residents plan of care is based on, at a minimum, interdisciplinary assessment with respect to the resident, to be implemented voluntarily.***

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**Issued on this 25th day of March, 2015**

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

**Original report signed by the inspector.**