



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
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: May 24, 25, 26, 2011; 2011\_071159\_0002; 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

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

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director Of Care, RAI Co-ordinator, Food Service Manager, Nursing staff and Personal Support Workers, Dietary Staff, Residents and Family members.

During the course of the inspection, the inspector(s) Reviewed health care records, observed staff in routine duties, Interviewed residents and family members.

The following Inspection Protocols were used in part or in whole during this inspection:

Continence Care and Bowel Management

Nutrition and Hydration

Personal Support Services

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

<b>Definitions</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Définitions</b>  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.)	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. (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).**

**Findings/Faits sayants :**

1. The plan of care for an identified resident was not reviewed and revised when the resident's care needs changed and care set out in the plan is no longer necessary.

Quarterly MDS assessment April 2011 has documentation that the identified resident is incontinent of both bladder and bowels, and uses incontinent products. MDS Quarterly assessment for continence under the section H3f and H3g was coded resident did not use toilet room or commode, urinal and pads and briefs are used. The plan of care stated that the resident requires total assistance of two persons for physical process of toileting related to impaired mobility. 'Do not leave unattended while on toilet'. Interviewed registered staff and personal support workers confirmed that the resident is incontinent of both bladder and bowels.

2. The plan of care reviewed May 24, 2011 for the resident had not been revised to reflect the discontinuation of skin and wound treatment.

Plan of care date initiated April 2011 notes " Skin Integrity impaired ulcer related to pressure, "Apply emollients and skin barrier with am and pm care".

April 2011 Doctor's order written was discontinued dressing treatment to ulcer and open area healed  
 Doctor's order May, 2011 notes ulcer healed-D/C treatment.  
 Documentation on the treatment sheet May,2011 stated "healed"

**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 ensuring that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan of care no longer necessary, to be implemented voluntarily.**

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 44. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. O. Reg. 79/10, s. 44.**

**Findings/Faits sayants :**

1. The home has not provided equipment that is appropriate for an identified resident needs to be showered based on the resident's medical condition.

A review of resident's health record and interview with the Director of Care, and the Administrator, confirmed that the resident has a medical and physical condition. The progress notes of March 2011, indicate that it is unsafe and dangerous bathing the resident in the home's current equipment due to the resident's condition.

The progress notes of March 2011, written by the Director of Care and the Registered Staff states that the Power Of Attorney (POA), of the resident, has requested the home to purchase an appropriate equipment so that the resident can be continue to be bathed as per resident's preference.

The home has informed the POA that due to safety of the current equipment available they will only provide resident bed baths unless the POA is present.

The home confirmed that the current equipment does not met the resident's needs, but there has been no assessment to identify if alternative appropriate equipment by which the resident can use may be obtained by the home.

**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 ensuring that supplies, equipment and devices are readily available at the home to meet the nursing and personal care of residents, to be implemented voluntarily.*

Issued on this 3rd day of July, 2011

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

*ASG Selgas*