

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Public Report**

**Report Issue Date:** December 17, 2024

**Inspection Number:** 2024-1050-0004

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Kindera Living Care Centres LP by its general partners, Kindera Living Care Centres GP Inc. and Kindera Living Management Inc.

**Long Term Care Home and City:** Cooksville Care Centre, Mississauga

**INSPECTION SUMMARY**

The inspection occurred onsite on the following dates: December 5, 6, 9-11, 13, 16, 2024

The following Critical Incident System (CIS) intakes were inspected:

- Intake: #00119490 -CI report related to physical abuse to a resident by a staff.
- Intake: #00120235 -CI report related to improper/incompetent treatment of a resident.
- Intake: #00127204 -CI report related to physical abuse to a resident by a staff.
- Intake: #00127524 -CI report related to injury to a resident.

The following compliant intake was inspected:

- Intake: #00128595 - compliant related to concerns regarding resident care services and medication administration.

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services

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Infection Prevention and Control  
Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed to ensure that clear direction was given to staff and others who provide direct care to a resident.

#### **Rationale and Summary**

A resident had an order for a medication. Supplementary documentation required staff to input a measure that was not applicable for administration. The Director of Care (DOC) stated there was a discrepancy in what was being measured and it was unclear.

Failing to provide staff with clear direction put the resident at risk of not receiving the medication when required.

**Sources:** Resident's clinical records, and interview with the DOC.

### WRITTEN NOTIFICATION: Plan of care

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NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (8)**

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee has failed to ensure that the staff and others who provide direct care to a resident were kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

**Rationale and Summary**

During a day shift, a resident had an order form completed which included pharmacological and nursing interventions to be initiated. The orders were uploaded into Point-Click-Care (PCC) the following day shift. During that time, registered staff did not follow the new nursing intervention orders. The DOC stated there was miscommunication during shift exchange as to the direction of inputting the orders.

Failing to keep staff aware of the resident's orders put the resident at risk of receiving care that was no longer necessary.

**Sources:** Resident's clinical records, and interviews with the DOC.

**WRITTEN NOTIFICATION: General requirements**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident

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under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken with respect to a resident under the skin and wound care program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

**Rationale and Summary**

A resident was provided an intervention when family had concerns about the resident's skin. There was no documentation of an assessment or the intervention implemented for the resident. The DOC stated the expectation was to document the assessment findings and the interventions implemented.

Failing to document the assessment and intervention provided to the resident may risk staff not being aware of what care was being provided.

**Sources:** Resident's clinical records, and interview with the DOC.

**WRITTEN NOTIFICATION: Required programs**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to ensure that the pain management program to identify pain in residents and manage pain was complied with.

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Specifically, staff did not comply with the home's Pain Management Policy which directed staff to investigate pain and complete the "N Adv Can - RNAO Pain: Screening, Assessment and Management" assessment if new or worsening pain when an alert from family was received.

**Rationale and Summary**

Family requested to provide the resident with pain medication. A registered staff documented the resident had no pain and no follow-up was completed by the registered staff.

The DOC stated the expectation of staff was to investigate if the resident had pain and complete the RNAO Pain: Screening, Assessment and Management assessment.

Failing to investigate the resident's pain and completing the assessment when needed put the resident at risk of having unidentified pain.

**Sources:** Resident's clinical records, the home's Pain Management policy, and interviews with the DOC.

**WRITTEN NOTIFICATION: Responsive behaviours**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible.

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The licensee has failed to ensure that strategies for a resident's responsive behaviours were implemented.

**Rationale and Summary**

A resident's clinical records indicated they had a history of making abuse allegations and an strategy was put in place to mitigate the risk.

A direct care staff was observed entering the resident's room and the responsive behaviour strategy was not used. Two different direct care staff were interviewed separately, and both indicated that the strategy was not being used.

Failing to use the strategy may impact an abuse investigation if the resident alleged abuse.

**Sources:** Resident's clinical records, interviews with staff, and observations.