



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 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: Sep 5, 7, 10, 13, 25, 26, Oct 1, 2012; 2012\_064167\_0030; 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

MARILYN TONE (167)

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 the Director of Care, the Staff Educator and staff on the unit related to complaint Log H-000901-12.

During the course of the inspection, the inspector(s) Reviewed the health files for three identified residents, reviewed relevant policies and procedures and observed care on resident home areas.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Skin and Wound Care

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>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>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>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>
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**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. (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,**
- (a) the planned care for the resident;**
  - (b) the goals the care is intended to achieve; and**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The plan of care for resident # 001 did not give clear direction to staff related to precautions to be taken to prevent the spread of a resident's confirmed infection.

- a) During a review of the resident's health file, it was noted that the resident was confirmed to have the infection and was receiving treatment almost consistently for most of 2011 and part of 2012.
  - b) Upon review of the progress notes on the resident's health file, it was confirmed that staff were following the home's policy related to precautions to be used for the identified infection.
  - c) The document that the home refers to as the care plan for resident # 001 over a specified time frame did mention the resident's positive status for the infection.
- The care plans reviewed for three other specified time frames did not include any mention of the resident's infection nor did they provide any direction to staff related to interventions to be followed to prevent the spread of the infection to others.

**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 the plans of care for residents who require special precautions to prevent the spread of infection provide clear direction to staff providing direct care., to be implemented voluntarily.***

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**



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Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Findings/Faits saillants :**

1. Resident # 001 did not receive a wound assessment weekly of their Stage 2 ulcer as clinically indicated and as required in the home's policy/program related to wound management.

a) It was noted that wound care assessments for resident # 001's Stage 2 wound were completed in the resident's progress notes three times over a seven week time period.

b) The Director of Care confirmed that she was not able to produce any further documentation related to wound care assessments for resident # 001.

c) It was noted that the home introduced a new wound care lead to the home in April 2012 and procedures have been developed to ensure that assessments of wounds are completed weekly.

Issued on this 1st day of October, 2012

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

*Marilyn Love*