



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

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 20, 2018	2018_570528_0005	020828-17	Complaint

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**Licensee/Titulaire de permis**

Rykka Care Centres LP  
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Anson Place Care Centre  
85 Main Street North Hagersville ON N0A 1H0

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

CYNTHIA DITOMASSO (528)

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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): November 15 and 16, 2018**

**This inspection was completed concurrently with Critical Incident Inspection  
2018\_570528\_0006**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Quality Improvement Coordinator/Infection Prevention and Control Lead, Resident Assessment Instrument (RAI) Coordinator, registered nurses, registered practical nurses, and personal support workers (PSW).**

**During the course of the inspection, the inspector(s) observed the provision of care and services, reviewed documents including but not limited to: medical records, complaints and concerns logs, and policies and procedures**

**The following Inspection Protocols were used during this inspection:  
Reporting and Complaints  
Skin and Wound Care**

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

**2 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**
**Specifically failed to comply with the following:**

- 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; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (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 licensee of a long-term care home shall ensure that there was a written plan of care for each resident that set out the planned care for the resident.

Review of Complaint Log #020828-17, related to concerns that staff were not following resident #010's plan of care.

Review of the progress notes for resident #010, revealed that in July 2017, the resident required administration of a treatment. Review of the electronic medication and treatment administration records or the written plan of care, did not include that the resident required the treatment. Interview with the DOC and RAI Coordinator on November 16, 2018, confirmed that the written plan of care did not include the planned care for resident #010. [s. 6. (1) (a)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

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

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**3. A response shall be made to the person who made the complaint, indicating,**  
**i. what the licensee has done to resolve the complaint, or**  
**ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that for every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home, a response had been made to the person who made the complaint, indicating:  
i. what the licensee had done to resolve the complaint, or  
ii. that the licensee believed the complaint to be unfounded and the reasons for the belief.



Review of Complaint Inspection log #020828-17, revealed concerns were submitted to the Ministry of Health and Long-Term Care ACTIONLine related to reporting and complaints. Specifically, the complainant felt that their concerns to the home, related to resident #010, were not being acknowledged.

Review of the home's policy 'Client Service Response Form: LGM I-10', reviewed June 1, 2018, outlined the following procedure:

- Any person who received a complaint was to document the complaint on a Client Service Response (CSR) Form.
- The department head/designate was to commence an investigation immediately where the complaint alleges harm or risk of harm to one or more residents.
- The department head/designate was to provide the response to the complainant within 10 business days of the receipt of the complaint, complaints that could be investigated and resolved within 10 business days the department head/designate was to provide an acknowledgement of receipt of the complaint and were to include the date by which the complainant can reasonably expect a resolution.
- The actions were to be documented and maintained in a record on the CSR Form, including but not limited to, every date on which any response was provided to the complainant and a description of the response.

Review of the plan of care for resident #010 for three months in 2017, revealed that staff had documented family had brought care concerns as follows, but not limited to:

- i. A progress note documented family identified concerns related to resident care. Review of the 2017 Complaint Log, included a Complaint Service Response (CSR) Form for the identified concerns and outlined an action plan within 10 days of initial concerns. Review of the CSR Form also indicated that the information would be discussed with the family at the care conference; however, no date was indicated and there was no documented date that the complainant was provided a response .
- ii. A progress note documented at a later date, identified family concerns related to resident care. A CSR Form, dated the same day, acknowledged the concerns and outlined a completed action plan; however, there was no identified date that the complainant was provided a response. The CSR Form stated that they were to follow up at the care conference later that month, greater than 10 days after the concerns were brought forward. Interview with the ED confirmed that a response was not provided to the complainant related to concerns until the care conference, over 10 days after initial concerns were brought forward.
- iii. In addition, a progress note dated after the care conference, documented care concerns. Review of CSR Form, dated the same day, outlined an action plan which



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addressed the care concerns; however, follow up and complaint response was provided to the substitute decision maker (SDM) and not the complainant. Interview with the ED confirmed that a response was not provided to the complainant for their care concerns. [s. 101. (1) 3.]

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**Issued on this 4th day of December, 2018**

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

**Original report signed by the inspector.**