Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Hamilton District
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Original Public Report

Report Issue Date: March 27, 2024	
Inspection Number: 2024-1077-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: Rykka Care Centres LP	
Long Term Care Home and City: Orchard Terrace Care Centre, Stoney Creek	
Lead Inspector Stephany Kulis (000766)	**Inspector Digital Signature** Stephany Kulis Digitally signed by Stephany Kulis Date: 2024.04.02 08:43:11 -04'00'
Additional Inspector(s) Nishy Francis (740873)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 12-15, 18, 19, 21, 2024

The following intake(s) were inspected:

- Intake: #00110744 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils

Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. ii.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and

The licensee failed to ensure that the report required under subsection 168 (1) included a written record of the results of the survey taken during the fiscal year under section 43 of the Act.

Rationale and Summary
The Continuous Quality Improvement (CQI) report for 2023 on the home's website did not include the results of the Resident and Family/Caregiver Experience Survey. The Executive Director (ED) stated there was no written record of the survey results available.

On March 19, 2024, the Resident and Family/Caregiver Survey results available on the home's website.

Sources: 2023 CQI Report; and interview with the ED. [000766]

Date Remedy Implemented: March 19, 2024

WRITTEN NOTIFICATION: Medication management system

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure the written medication management policies and protocols were developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Rationale and Summary
According to The Institute for Safe Medication Practices Canada, when a controlled

substance required destruction in Long-Term Care Homes, the registered staff with a second registered staff were to remove the controlled substance from the designated storage area and transport the controlled substance to the secure container for destruction.

The home's Drug Destruction and Disposal Policy, stated when only one registered staff on duty in the home, a Personal Support Worker (PSW) would confirm the number of medications for destruction and co-sign the form as well as witness the surplus medication placed in the destruction box. The Director of Care (DOC) stated it is supposed to be two registered staff that perform the task.

Performing a task not within the PSW scope of practice increased the risk of medication incidents.

SOURCES: Interview with DOC; The Institute for Safe Medication Practices Canada-Strengthening Medication Safety in Long-term Care; and the home's Medication Administration: Drug Destruction and Disposal Policy. [000766]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
6. A written record of,
i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken

during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure the CQI report for the fiscal year 2022-2023 contained written record of the legislative components required by Ontario Regulations 246/22 s. 168 (2) (6).

Rationale and Summary
The home's CQI report did not include a written record of the components required by Ontario Regulations 246/22 s. 168 (2) (6). The ED stated they were aware the report had not met the legislative requirements.

By not having written record of Ontario Regulations 246/22 s. 168 (2) (6), residents and families were not able to see the actions taken to improve the home and stakeholders involved.

Sources: 2023 CQI Report; and interview with the ED. [000766]