

**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

## Original Public Report

**Report Issue Date:** November 21, 2024

**Inspection Number:** 2024-1077-0003

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** Rykka Care Centres LP

**Long Term Care Home and City:** Orchard Terrace Care Centre, Stoney Creek

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 29, 30, 31, 2024 and November 1, 4, and 5, 2024

The following intake(s) were inspected:

- Intake: #00118193 - Follow-up to Compliance Order (CO) #001 from inspection #2024-1077-0002 related to hiring staff and accepting volunteers.
- Intake: #00120350 - Critical Incident (CI) related to Infection Prevention and Control (IPAC).
- Intake: #00126709 - CI related to Falls Prevention and Management.
- Intake: #00129505 - Complaint related to plan of care, housekeeping, Infection Prevention and Control (IPAC) and complaints procedure.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

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Order #001 from Inspection #2024-1077-0002 related to O. Reg. 246/22, s. 252 (3).

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

Resident Care and Support Services  
Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Reporting and Complaints  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Complaints procedure - licensee

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

**Non-compliance with: FLTCA, 2021, s. 26 (1) (c)**

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that a written complaint concerning the care of a resident was immediately forwarded to the Director.

### Rationale and Summary

A written complaint concerning the care of a resident was received by the home on a specified date. There was no record in the Ministry of Long-Term Care Homes

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Portal that the licensee forwarded the concern to the Director, and the Executive Director (ED) acknowledged that this should have been reported.

**Sources:** The home's complaint binder and forms, and interview with the ED.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee failed to ensure that high-touch surfaces cleaning and disinfecting procedures were implemented during a COVID-19 outbreak.

In accordance with the Infection Prevention and Control Standard, Revised September 2023 (IPAC Standard), section 5.6, the licensee shall ensure that adequate personnel are available on each shift to complete required surface cleaning and disinfection.

### **Rationale and Summary**

A staff and the Environmental Manager (EM) acknowledged that during an outbreak, an additional housekeeping staff is scheduled to complete the task of cleaning and disinfecting of high-touch surfaces specifically.

During specified dates in July 2024, the home was in a confirmed outbreak, and a review of the home's housekeeping schedule for July showed that there were no

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additional housekeeping staff scheduled for this task for six days during the outbreak. The EM acknowledged that they could not confirm that the cleaning and disinfecting of high-touch surfaces was completed more than once daily during this period.

The home's procedure titled, "Routine Practices" also stated that during a suspected/confirmed outbreak where an environmental reservoir is suspected, routine cleaning procedures should be reviewed and the need for additional staff or cleaning assessed.

By not ensuring that additional staff was scheduled to complete more frequent cleaning and disinfecting of high-touch surfaces during a confirmed outbreak, the risk for transmission of infection was increased.

**Sources:** Review of the home's procedures titled, "Routine Practices," revised January 11, 2023, July 2024 housekeeping schedule, and interview with staff and the EM.

**WRITTEN NOTIFICATION: Infection prevention and control  
program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee failed to ensure that a resident was monitored for symptoms of

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infection appropriately.

In accordance with the IPAC Standard, section 3.1, i) states that the licensee shall ensure that the following surveillance actions are taken: employing syndromic surveillance regularly to monitor for symptoms, including but not limited to, fever, new coughs, nausea, vomiting, and diarrhea, and taking appropriate action.

**Rationale and Summary**

The Syndromic Assessments, a tool used by registered staff twice a day for monitoring symptoms of infection, was completed for a resident on specified dates in September and October 2024. Within these assessments, only the resident's temperature was documented and did not include any other symptoms. However, their progress notes showed that they had exhibited a significant change of status, including symptoms of infections. On one of this date, despite two staff members acknowledging that the resident was had been exhibiting symptoms of infection, the assessment tools continued to only indicate the resident's temperature. The DOC acknowledged that the expectation of staff was to complete the tool to its entirety.

By not completing infection monitoring appropriately and accurately, the resident's symptoms of infection may not have been captured and treated appropriately.

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

**WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions**

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

**Non-compliance with: O. Reg. 246/22, s. 147 (2)**

Medication incidents and adverse drug reactions

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s. 147 (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,

(a) all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon are documented, reviewed and analyzed;

(b) corrective action is taken as necessary; and

(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 66/23, s. 30.

The licensee failed to ensure that a medication error was documented, reviewed, and analyzed; that corrective action was taken as necessary; and a written record was kept.

**Rationale and Summary**

A resident's clinical records showed that they had received three doses of a medication that they had allergies to, prior to the treatment regimen being changed. The DOC acknowledged that this would have been considered as a medication error; that they were not aware of the incident as they did not receive a Medication Incident Report System (MIRS) which should have been completed but was not.

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

**COMPLIANCE ORDER CO #001 Plan of care**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

**The inspector is ordering the licensee to comply with a Compliance Order**

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**[FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee must:

1. Provide re-education to all registered and non-registered nursing staff on the home's Falls Prevention Program and policy and procedures related to Plan of Care and complying with residents' plan of care.
2. Provide re-education and re-training to all registered nursing staff on the home's Medication Management Program, and Medication Error procedures.
3. Document and maintain a record of the re-education provided as outlined in part 1 and 2, including the date, name of staff, their role and signatures, and the name of the staff member who provided the education.
4. Conduct an audit for all three shifts for two weeks, or until compliance is achieved to ensure that a specified resident's fall prevention interventions are implemented at all times.
5. Document and maintain a record of the audits outlined in part 4, including the outcome and any corrective actions taken, and the name of the person who completed the audit for Inspector review upon request.

**Grounds**

A) The licensee failed to ensure that the care set out in a resident's plan of care was provided as specified in the plan.

**Rationale and Summary**

A resident's clinical records showed that they had allergies to multiple types of medications. Their plan of care outlined that the Medical Director (MD) and the pharmacy were to be notified of these allergies to minimize the risk of exposure and prevent contact.

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On a specified date, the home received a verbal order for a medication for the resident, and on a later date, the pharmacy alerted the home that the resident had allergies to the prescribed medication. The resident had received three doses prior to receiving a new order. The DOC acknowledged that the resident's plan of care was not followed.

By failing to follow the resident's plan of care related to their allergies, the resident was placed at risk for adverse drug reactions.

**Sources:** Review of resident clinical records, and interview with the DOC.

B) The Licensee failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan.

**Rationale and Summary**

A resident was assessed as a fall risk due to their history of several falls. As a fall management intervention, they required fall mats on both sides of the bed as per their plan of care.

On a specified date, the resident was observed laying in the bed with a fall mat on one side of the bed.

Two staff acknowledged that the home had been using one fall mat for the resident and confirmed that they required fall mats on both sides of the bed.

By not implementing the fall management intervention as per the resident's plan of care, the resident was at risk of injury from a fall.

**Sources:** Observations, a review of resident clinical records, interviews with staff.



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**This order must be complied with by** December 12, 2024

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).