

Ministry of Long-Term Care

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

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002
torontodistrict.mlrc@ontario.ca

Original Public Report	
Report Issue Date: December 2, 2022	
Inspection Number: 2022-1100-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: Rykka Care Centres LP	
Long Term Care Home and City: Hawthorne Place Care Centre, North York	
Lead Inspector JulieAnn Hing (649)	Inspector Digital Signature
Additional Inspector(s) Oraldeen Brown (698)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 14-18, 22-24, and off-site on November 25 and 29, 2022.

The following intake(s) were inspected:

- Intake: #00013413-Proactive Compliance Inspection - Hawthorne Place Care Centre

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

Infection Prevention and Control
Medication Management
Skin and Wound Prevention and Management
Falls Prevention and Management
Pain Management
Resident Care and Support Services
Food, Nutrition and Hydration
Quality Improvement

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Residents' and Family Councils
Prevention of Abuse and Neglect
Residents' Rights and Choices
Safe and Secure Home

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)
FLTCA, 2021, s. 6 (1) (c)

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

The licensee has failed to ensure that a resident's written plan of care set out clear directions for staff and others who provided direct care to the resident.

Rationale and Summary:

Review of the resident's care plan indicated two different brief sizes. The Registered Nurse (RN) updated the resident's care plan to reflect the correct brief size.

Failure to ensure only one brief size was mentioned in the resident's care plan posed the risk of them receiving the incorrect size.

Sources: Review of the resident's care plan and interview with the RN.

Date Remedy Implemented: November 22, 2022. [649]

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 78 (3) (a)

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The licensee has failed to ensure that food was prepared and served using methods to preserve appearance and food quality.

Rationale and Summary:

During a meal observation, a Personal Support Worker (PSW) was observed serving residents crackers and soup and placed the crackers directly on the table.

The Food Service Manager (FSM) advised that staff were expected to serve resident's food on a plate and not place it on the table.

Failure to serve the crackers on a plate to the residents affected the appearance and food quality.

Sources: Observations, policy and interviews with the PSW and other staff.

Date Remedy Implemented: November 15, 2022. [698]

WRITTEN NOTIFICATION: Windows

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

Non-compliance with: O. Reg. 246/22, s. 19

The licensee has failed to ensure that every window in the home that opens to the outdoors and was accessible to residents had a screen and cannot be opened more than 15 centimeters.

Rationale and Summary:

During a tour of the home, the Environmental Services Manager (ESM) advised that the window opening in a resident's room measured 35 centimeters (cm) and the window covering had holes.

By having the window opening in the resident's room exceed the required opening of 15 cm along with holes in the window covering, it puts residents at risk for eloping.

Sources: Observation on November 15, 2022, of window opening in a resident's room measured 35 cm by the ESM and the window covering had holes. [649]

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WRITTEN NOTIFICATION: Food Production

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

Non-compliance with: O. Reg. 246/22, s. 78 (3)

The licensee has failed to ensure that a resident's snack was stored to preserve taste, nutritive value, appearance and food quality prior to it being served to the resident.

Rationale and Summary:

Prior to the start of the lunch meal service on an identified home area, a resident's snack was observed not being stored in a manner, to preserve food taste and quality. The resident's snack along with other snacks were left in a container without ice for 20 minutes prior to it being served to the resident.

The Food Service Supervisor (FSS) advised that all snacks should have been stored in the fridge until they were ready to be served to residents. Upon removal of the snack from the fridge, they should have been kept on ice until it was served to the resident.

The Dietary Aide (DA) told the inspector that they had forgotten to put the snack for that resident and other residents on ice.

Failure to serve residents snacks at the required temperature to preserve taste and nutritive values impacts the taste of the food.

Sources: Observation of the lunch meal service on November 18, 2022, interviews with the FSS and DA.
[649]

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

The licensee has failed to comply with their food temperature control policy for suggested temperatures of food at point of service.

In accordance with O. Reg 246/22, s. 11. (1) (b) the food service team members were required to check

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the food temperatures daily: prior to point of service and at the end of service. Any food found below the optimum temperature should be reheated to an acceptable temperature.

Rationale and Summary:

Specifically, staff did not comply with the home's food temperature control policy that required food service team members to check the food temperature before and after the meal.

Review of the food temperature logbook showed that there were missing temperatures for breakfast and lunch on eight dates in November 2022, and missing temperature for supper on ten dates in November 2022, on an identified dining area. These temperature log dates were reviewed with seven DAs who acknowledged that they had not followed the home's policy of taking the temperature after the meal.

Failure to take the temperature after the meal service pose the risk of food being served to residents at a temperature that was both unsafe and not palatable.

Sources: Observation of lunch meal service on November 14, 2022, review of home's Food temperature control policy, interview with seven DAs and other relevant staff. [698]

WRITTEN NOTIFICATION: Medication Management System

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22 s. 123 (2)

(i) The licensee has failed to comply with MediSystem policies and procedures manual titled Medication Handling, sub-section titled Destruction of discontinued/expired medications.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure that expired as needed (PRN) medications were stored separately from drugs available for administration to a resident.

Rationale and Summary:

Specifically, staff did not comply with MediSystem policies and procedures manual titled Medication Handling, sub-section titled Destruction of discontinued/expired medications that indicated expired of discontinued medications should be stored separately from drugs available for administration to a resident.

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Observation with a Registered Practical Nurse (RPN) revealed two as needed (PRN) cards of discontinued medications belonging to a resident were found on the medication cart. Both cards had a discard after date of July 2022.

Failure to ensure the removal of discontinued medication from the medication cart posed the risk of this medication being administered to a resident.

Sources: Observation on November 15, 2022, of the medication cart with the RPN, review of MediSystem policies and procedures manual under Medication Handling, sub-heading titled Destruction of discontinued/expired medications (21.4.1), and interview with Nurse Clinician. [649]

(ii) The licensee has failed to comply with MediSystem policies and procedures manual titled Specialty Drugs, sub-section titled Tracking/count sheets.

In accordance with O. Reg. 246/22, s. 11 (1) (b) the licensee was required to ensure that an entry was made in the resident's narcotic and controlled drug administration record at the time of the controlled drug removal.

Rationale and Summary:

Specifically, staff did not comply with MediSystem policies and procedures manual that required registered staff to ensure that an entry was made in a resident's narcotic and controlled drug administration record at the time of the controlled drug removal.

(a) Observation indicated that a nurse had administered a controlled drug to a resident but failed to sign the narcotic and controlled drug administration record at the time of administration.

(b) While reviewing residents' narcotic and controlled drug administration record, it was identified that two other residents had been administered controlled drugs, but their individual narcotic and controlled drug administration records were not completed at time of administration.

Failure of staff to sign residents' individual narcotic and controlled drug records at the time of administration poses the risk for errors.

Sources: Observation of the resident's medication administration, review of the home's MediSystem policies and procedures manual under Specialty Drugs, sub-heading Tracking/count sheets, review of

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three residents' Narcotic and controlled drug administration records, interviews with the RPN and Nurse Clinician. [649]

(iii) The licensee has failed to comply with their medication administration policy to ensure safe administration practices of drugs in the home.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure that registered staff administering medications to residents apply all safe medication administration practices.

Rationale and Summary:

Specifically, staff did not comply with the home's Medication Administration policy that directed registered staff administering medications to apply all safe medication administration practices including right person, right medication, right dose, right time, right route, and right documentation.

Observation of a resident's medication administration indicated that they were administered a medication that was not listed on their individualized electronic-medication administration record (e-MAR).

Further review indicated that the resident had been receiving this medication for approximately four weeks even though it was not listed on their individualized e-MAR.

The resident received a medication dosage for approximately four weeks that was not reflected on their individualized e-MAR, despite the correct medication dosage being sent from the pharmacy.

Failure of staff to follow all safe medication administration practices put residents at risk of not receiving the accurate dosage of medication prescribed to them.

Sources: Observation of a resident's medication administration, by the RPN, review of the home's Medication Administration policy RCS F-05, last updated June 20, 2022, interviews with the RPN and Nurse Clinician. [649]

WRITTEN NOTIFICATION: Training and Orientation

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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The licensee has failed to ensure that the training of two staff in infection prevention and control under paragraph 9 of subsection 82 (2) of the Act, included all eight required topics.

Rationale and Summary:

Infection Prevention and Control (IPAC) training records were randomly selected and reviewed for two staff. The Nurse Clinician acknowledged that the two staff had not completed training on all eight required IPAC topics.

Failure of the home to ensure that newly hired staff completed IPAC training in all eight required IPAC topics increased the risk of new staff not following the home's IPAC practices.

Sources: Random review of two staff training records hired after April 11, 2022, interviews with the newly hired staff, and Nurse Clinician. [649]

WRITTEN NOTIFICATION: Obstruction**NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.****Non-compliance with: FLTCA, 2021, s. 153 (b)**

The licensee failed to ensure that no person destroyed or altered a record or other thing that had been demanded under clause 150 (1) (c).

The home's policy titled Code of Conduct and Business Ethics under Record Keeping revised on June 3, 2021, indicated that employees are expected to adhere to the following with respect to record keeping – enter records in a fulsome and accurate manner (i.e. do not falsify facts or make false records)

Rationale and Summary:

The November 2022, food temperature logbook on an identified dining area showed that there were missing temperatures before and after meals. Temperatures were missing for breakfast and lunch on eight dates, and for supper on ten dates.

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Four days later, the inspector reviewed the same temperature logbook and noticed that alterations were made to the original document. The missing temperatures for four dates were filled in with temperatures for breakfast and lunch.

The DA acknowledged that they falsified the food temperature logbook for the days they worked that had missing temperature logs.

Sources: Food temperature logbook, the home's policy, interview with the DA and other staff. [698]