



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch

Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité

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**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|------------------------------------------------|-----------------------------------------------|--------------------------------|----------------------------------------------------|
| Dec 17, 2012                                   | 2012_168202_0027                              | T-1654-12                      | 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**

HAWTHORNE PLACE CARE CENTRE  
2045 FINCH AVENUE WEST, NORTH YORK, ON, M3N-1M9

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

VALERIE JOHNSTON (202)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 04, 05, 06, 07, 10, 11, 2012 (Facility) and December 12, 13, 14, 17, 2012 (Office)

During the course of the inspection, the inspector(s) spoke with Administrator, Assistant Director of Care, Social Worker, Quality Improvement Lead, Registered Nursing Staff, Personal Support Workers, Residents

During the course of the inspection, the inspector(s) observed the provision of care to residents, reviewed clinical records

The following Inspection Protocols were used during this inspection:  
Personal Support Services



**Findings of Non-Compliance were found during this inspection.**

| <b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Legend</b>                                                                                                                                                                                                                                                           | <b>Legendé</b>                                                                                                                                                                                                                                                                                     |
| WN – Written Notification                                                                                                                                                                                                                                               | WN – Avis écrit                                                                                                                                                                                                                                                                                    |
| VPC – Voluntary Plan of Correction                                                                                                                                                                                                                                      | VPC – Plan de redressement volontaire                                                                                                                                                                                                                                                              |
| DR – Director Referral                                                                                                                                                                                                                                                  | DR – Aiguillage au directeur                                                                                                                                                                                                                                                                       |
| CO – Compliance Order                                                                                                                                                                                                                                                   | CO – Ordre de conformité                                                                                                                                                                                                                                                                           |
| WAO – Work and Activity Order                                                                                                                                                                                                                                           | WAO – Ordres : travaux et activités                                                                                                                                                                                                                                                                |
| 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.) | 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. |
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.                                                                                                                                                         | Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.                                                                                                                                                                                        |

**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. (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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



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

Resident #001's plan of care directs staff to clean, trim and file fingernails and toenails every week with bath. Clinical record review revealed that on August 08, 2012 resident #001 was found with right great toe nail split, loose and lifting up requiring wound care intervention. A review of resident #001's progress notes and flow sheets from April 2012-August 2012 revealed that resident #001's toe nails were trimmed once on April 30, 2012 by the foot care nurse.

Staff interviews confirmed that resident #001's toe nails were cleaned and not trimmed during bath day each week from April 2012- August 2012. [s. 6. (7)]

2. Resident #003's plan of care directs staff to clean, trim, and file fingernails and toenails every week with bath. Clinical record review from April 2012-August 2012 revealed that resident #003 had toe nails trimmed on two occasions April 30, 2012 and July 31, 2012. [s. 6. (7)]

3. The plan of care for resident #002 directs staff to clean, trim and toe nails every week on bath day. Clinical record review from March 2012-August 2012 revealed that the resident toe nails were trimmed once on March 27, 2012. [s. 6. (7)]

4. Resident #004's plan of care directs registered staff to administer one drop of Cosopt in each eye daily at 0800 hours and 1700 hours. Clinical record review confirmed that resident #004 did not receive the 1700 hour dose of Cosopt eye medication on August 29, 2012. Staff interview confirmed that Cosopt eye medication was not available and not provided to resident #004 on August 29, 2012 at 1700 hours. [s. 6. (7)]

5. Resident #005 was admitted to convalescent care on September 08, 2011 and discharged on December 03, 2011. The plan of care for resident #001 directs staff to clean and replace the Pessary every 3-4 weeks while in convalescent care. Clinical record review indicated that resident #005's Pessary was clean and changed on October 19, 2011. An interview with the Assistant Director of Care confirmed that resident #005's Pessary was changed once during the 13 week stay in the convalescent care home area. [s. 6. (7)]



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***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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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Issued on this 17th day of December, 2012

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

A handwritten signature in black ink, appearing to be "J. H.", written over a white background within a rectangular box.