

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

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

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Report Date(s) /	Inspection No /	Log # /	Type of Inspection /
Date(s) du apport	No de l'inspection	No de registre	Genre d'inspection
Jul 13, 2018	2018_560632_0014	006915-18	Critical Incident System

Licensee/Titulaire de permis

Rykka Care Centres GP Inc. 3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Arbour Creek Long-Term Care Centre 2717 King Street East HAMILTON ON L8G 1J3

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

YULIYA FEDOTOVA (632)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): July 6, 11, 12, 2018.

The following intake was completed in this complaint inspection:

Log # 006915-18 was related to falls prevention.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care (DOC), Staff Development Co-ordinator/Quality Improvement Lead, Personal Support Workers (PSWs), Personal Care Attendants (PCAs), Registered Practical Nurses (RPNs).

During the course of the inspection, the inspector reviewed investigation notes, clinical records, policies, procedures, and practices within the home related to the falls prevention and management program.

The following Inspection Protocols were used during this inspection: Falls Prevention

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

1 WN(s) 1 VPC(s) 0 CO(s) 0 DR(s) 0 WAO(s)



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES			
Legend	Legendé		
 WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order 	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).



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Findings/Faits saillants :

1. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or when care set out in the plan was no longer necessary.

A review of Critical Incident Log #006915-18 indicated that resident #001 had a fall on an identified date in April, 2018, and sustained an injury. Review of progress notes dated on an identified date in April, 2018, indicated specified devices were used in situ post-fall. Review of Minimum Data Set (MDS) assessment records locked on an identified date in March, 2018, indicated the resident's specified needs and assistance for the Activities of Daily Living (ADL). Review of the written plan of care last reviewed on an identified date in February, 2018, indicated that specified devices were not included into resident #001's plan of care, which was confirmed by the DOC and the Staff Development Coordinator/Quality Improvement Lead on an identified date in July, 2018.

The home did not ensure that resident #001's plan of care was reviewed and revised at the time when the residents' care needs changed in relation to falls prevention.

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 and ensuring that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or when care set out in the plan is no longer necessary, to be implemented voluntarily.



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Issued on this 18th day of July, 2018

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

Original report signed by the inspector.