

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

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

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 15, 2020	2020_556168_0010	003289-20, 003705-20	Complaint

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

LISA VINK (168), GILLIAN HUNTER (130)

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): March 5, 6, 11, 12, 13, 2020 and May 11, 26, 2020 and September 14, 2020.

**This inspection was conducted related to the following complaints:
Log number 003289-20 for prevention of abuse and neglect; and
Log number 003705-20 for prevention of abuse and neglect and reporting and
complaints.**

**This inspection was conducted concurrently with Critical Incident System
Inspection, inspection number 2020_556168_0011.**

This inspection was completed with both onsite and offsite activities.

**During the course of the inspection, the inspector(s) spoke with the Administrator,
registered nursing staff, personal support workers and residents.**

**During the course of the inspection, the inspector observed the provision of care;
reviewed documents including but not limited to: clinical health records, staff
training records, policies and procedures, human resource files and complaint logs
and records.**

**The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Hospitalization and Change in Condition
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints**

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure procedures included in the required organized program for laundry services were complied with.

In accordance with LTCHA s. 5(1)(b) the licensee was required to ensure that there was an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents. O. Reg. 79/10, s. 89(1)(iv) required the licensee to ensure a process to report and locate resident's lost clothing and personal items.

The licensee had a procedure Storage of Lost/Unclaimed Personal Clothing, ES-D 20-25, revised December 1, 2017, with the purpose "to enable residents to reclaim lost personal items". This procedure identified that "All lost clothing concerns of families or visitors are brought to the resident services co-ordinator or delegate. The resident services coordinator will complete a client services response or complete the Missing Clothing Checklist and forward the response to the nursing and laundry departments. The nursing department will search the home area and laundry department will search the laundry for the missing clothing and report back to the resident services co-ordinator. The resident services co-ordinator will report the results back to the family or visitor that made the complaint". The Missing Clothing Checklist required the staff to document the resident's name and room number who was missing the item(s).

Interview with resident #012 identified that they had items misplaced or lost in the home. A review of the clinical record identified that in March 2019, the resident reported that they were missing an article of clothing and that staff reported that they would conduct a search for the item, including checking the laundry. There was no further documentation regarding the clothing reported to be missing.

A progress note from January 2020, identified that the resident reported missing personal

grooming equipment, hygiene products and clothing. The note indicated that a memo was left for staff and that staff would monitor. There was no further documentation regarding the items reported to be missing.

A request was made of the Administrator for any forms, complaints or concerns regarding the missing items.

The Administrator was not able to locate Missing Clothing Checklists for the resident for the reported missing items in 2019 or 2020, nor any documentation on the Complaints Log.

Following the discussion with the Administrator they spoke with the resident's family who had no concerns related to missing items. It was not clear if the missing hygiene products were used. The resident confirmed that some of the grooming equipment was property of the home.

The Administrator confirmed that staff of the home should have followed the procedure as directed for the missing items.

The procedure was not complied with. [s. 8. (1) (b)]

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 procedures included in the required organized program for laundry services are complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that there was a written record of each quarterly review of the complaints received and the improvements made in response.

A discussion was held with the Administrator regarding the review and analysis of complaints that were received by the home.

The Administrator identified that the home reviewed complaints when they were received, in an effort to resolve the issue, at the quarterly Professional Advisory Committee (PAC) and yearly.

The Administrator identified that the home did not maintain a written record of the quarterly review of the complaints received, reviewed, analyzed and the improvements made in response, and for that reason was not able to provide a quarterly review on request.

The home maintained a written record of the review completed on a yearly basis, which was provided to the Inspector.

The home failed to maintain a written record of each quarterly review of the complaints received and the improvements made in response. [s. 101. (3)]

Issued on this 16th day of September, 2020

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

Original report signed by the inspector.