Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: April 04,2023	
Inspection Number: 2023-1414-0003	
Inspection Type: Complaint Critical Incident System	
Licensee: Rykka Care Centres GP Inc.	
Long Term Care Home and City: Arbour Creek Long-Term Care Centre, Hamilton	
Lead Inspector Waseema Khan (741104)	**Inspector Digital Signature** Waseema Khan Digitally signed by Waseema Khan Date: 2023.04.19 10:41:29 -04'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 14, 15, 16, 20, 22, 23, 24, 2023

The following intake(s) were inspected:

- Intake: #00001429 Anonymous complaint with concerns regarding Pest control, Neglect of resident, Housekeeping.
- Intake: #00004999 - [CI: 2930-000002-22] Hypoglycemia – Resident's blood sugar dropped gradually. RPN unable to find glucagon. Resident transferred to hospital.
- Intake: #00014120 - 2930-000026-22 - Fall of resident resulting in left hip fracture.
- Intake: #00014362 - 2930-000027-22 - Fall of resident resulting in fracture left hip. No trend identified.
- Intake: #00018465 - Anonymous complaint re: chronic short staffing causing improper care.

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

Resident Care and Support Services
Housekeeping, Laundry, and Maintenance Services
Medication Management

Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Falls prevention and management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 79/10, s. 49 (1)
The licensee failed to comply with their strategy to document a resident's risk level in the plan of care aimed at preventing or minimizing falls.

Rationale and Summary
In accordance with O. Reg 79/10, s.8 (1) (b) the licensee was required to ensure that the falls prevention and management program, had risk levels documented on the plan of care including interventions aimed at preventing or minimizing falls.

Staff did not comply with the strategy of identifying risk levels and having interventions aimed at preventing falls based on those risk levels.
The falls prevention and management program had three risk levels identified in the home's policy. The policy directed that the risk level was documented in the care plan including interventions aimed at preventing or minimizing falls.

A resident experienced multiple falls, was at high risk for falls and had two falls within one month. Specifically, staff did not identify the resident's risk level on the plan of care as per their falls management program.

The DOC confirmed that the risk level was not documented on the plan of care . As per the fall's prevention and management program, the interventions are tailored based on the risk level.

There was an increased risk for not having risk level documented on the plan of care aimed at preventing or minimizing falls.

Sources: Resident care plan, progress notes, licensee's "Falls Management Program" Responsive Management Inc. Revised Sep 2019, Reviewed Aug 2022, and an interview with the DOC. [#101]

[741104]

COMPLIANCE ORDER CO #001 Training and Orientation

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 76 (2) 10.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The Licensee must Comply with LTCHA,2007 s.76(2) 10

Specifically, the licensee must:

1. Educate Agency Registered Staff on the policies and related guidance documents for Glucagon including but not limited to the location of the Emergency box prior to commencing their duties.
2. Maintain a record of the education provided including staff attendance the date and staff member who provided the education
3. Conduct orientation checklist audits for agency registered staff daily to ensure they have had the required training as outlined in #1 prior to performing their duties. Continue audits for a minimum of one month or until the management has no further concerns
4. The home must keep a record of the education and audits and actions taken based on audit results for the Long-Term Care Home (LTCH) inspector to review

Grounds

The licensee failed to comply with training, including the licensee's policies related to the use of Glucagon, storage location and access in order to provide care for the resident

Rationale and Summary

A resident was sent to the hospital with hypoglycemia when two agency registered staff were not able to access Glucagon in the home.

The RPN was monitoring their blood sugar and it gradually began to drop. The RPN phoned Agency RN to request assistance in locating the Glucagon given the change in the resident's blood sugar(BS).
Both the agency registered staff were not able to access Glucagon in the medication cart, at which point 911 was called and the resident was sent to the hospital.

The agency RPN stated that they did not receive training prior to performing their duties in relation to where the Emergency box was located. The RPN also verified that Glucagon was not in the under the resident's name on the medication cart.

The agency RN verified that they did not get orientation on the location of the Glucagon and where the Emergency box was located, prior to performing their duties.

The resident was at risk of significant impact because agency staff did not have orientation to the home's Glucagon policy and location of the Emergency box, to access Glucagon.

Sources: Resident's progress notes, licensee's "Reporting the use of glucagon, severe hypoglycemia, and unresponsive hypoglycemia policy" Orientation Checklist - Nursing Agency Registered Staff, Interview with Agency RPN, Agency RN, and DOC.

[741104]

This order must be complied with by

May 17, 2023

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, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.