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

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Original Public Report

Report Issue Date: October 21, 2024
Inspection Number: 2024-1023-0003
Inspection Type: Proactive Compliance Inspection
Licensee: Rykka Care Centres LP
Long Term Care Home and City: Wellington Park Care Centre, Burlington

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 2-4, 8-10, 2024

The following intake(s) were inspected:

- Intake: #00127641 related to a Proactive Compliance Inspection (PCI).

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices

Pain Management

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)
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents and those doors were kept locked when they were not being supervised by staff.

Rationale and Summary
During the initial tour of the home, two staff washrooms on two separate home areas were left open and unattended, as well as a staff room that was labelled sprinkler room. Upon observation of the washrooms and the staff room, there was not a resident-staff communication and response system and the staff room at

times may not be supervised.

Discussion was held with staff who confirmed the doors were to remain locked at all times and immediately closed the washroom doors and a lock was put on the staff room.

Sources: Observations; interview with Executive Director and other staff.

Date Remedy Implemented: October 8, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. ii.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and

The licensee has failed to ensure that their Continuous Quality Improvement (CQI) initiative report for the fiscal year published on the home's website contained a written record of the results of the survey taken during the fiscal year.

Rationale and Summary
Inspector reviewed the home's CQI initiative report posted on the home's website and noticed that the report did not include the resident/family satisfaction survey results completed during the fiscal year.

CQI lead and Executive Director (ED) verified that the survey was carried out in

September 2023, however the correct survey results were not added to the CQI initiative report. The same day, the report was updated with the accurate survey results.

Sources: CQI initiative report; interview with CQI lead/ED

Date Remedy Implemented: October 9, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home. Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings from the Chief Medical Officer of Health, specified that alcohol based hand rub (ABHR) must not be expired.

Rationale and Summary
Three bottles of ABHR were observed expired in a resident's home area.

The Executive Director and Director of care were informed and had staff immediately check all ABHR in the home and replace any that were expired.

Sources: Observations; recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (Ministry of Health, April 2024); interview with the Executive Director and other staff.

Date Remedy Implemented: October 2, 2024

WRITTEN NOTIFICATION: Air Temperature

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum of 22 degrees Celsius.

Rationale and Summary
The home's internal temperature logs were reviewed from September 16 to October 3, 2024. The air temperatures were documented below 22 degrees Celsius in various areas of the home daily.

Failure to ensure that resident spaces in the home were maintained at a minimum temperature of 22 degrees Celsius had the potential to impact residents' comfort.

Sources: Review of the home's internal temperature logs and interview with the Executive Director.

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

Rationale and Summary
Resident had two skin and wound impairments. The resident's plan of care stated to complete PointClickCare (PCC) mobile wound assessment for all skin impairments on an identified date and time.
A review of the resident's weekly assessment on the PCC Skin/Wound Record Application showed that the weekly skin and wound evaluations scheduled for two specific dates were missing.

Staff verified that both weekly skin and wound evaluations were missing. Staff stated that these weekly evaluations were most likely declined by the resident as they occasionally did, and that their refusal should have been documented.

Not documenting the resident's response to the skin and wound intervention , other care team members might not have known to timely adjust the resident's plan of care based on their need and response.

Sources: Resident's clinical records; interview with staff.

WRITTEN NOTIFICATION: Bathing

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 37 (1)
Bathing
s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that resident was bathed by the method of their choice.

Rationale and Summary
The plan of care noted that resident preferred showers, which was confirmed by their power of attorney. Point of care records identified that the resident was provided a bed bath on six occasions in September and October 2024. The record did not include documentation to support why the preferred method of bathing was not completed.

Staff verbalized that bed baths were more effective and suitable for the resident based on their care needs.

Failure to provide bathing by the resident's method of choice had the potential for dissatisfaction.

Sources: Review of plan of care; progress notes and point of care records for resident ; interviews with staff.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that the continuous quality improvement committee was composed of at least one employee of the licensee who has been hired as a personal support worker or provided personal support services at the home and met the qualification of personal support workers.

Rationale and Summary
The home's Continuous Quality Improvement (CQI) lead and Executive Director (ED) indicated during an interview that a staff who was hired as a personal support worker or provided personal support services at the home and met the qualification of personal support workers was not on their CQI committee. The CQI meeting minutes record also confirmed the same.

Sources: CQI meeting minutes; interview with CQI lead/ED.