

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report	
Report Issue Date: August 21, 2023	
Inspection Number: 2023-1073-0006	
Inspection Type: Proactive Compliance Inspection	
Licensee: Rykka Care Centres LP	
Long Term Care Home and City: Eatonville Care Centre, Etobicoke	
Lead Inspector Parimah Oormazdi (741672)	Inspector Digital Signature
Additional Inspector(s) Slavica Vucko (210)	

INSPECTION SUMMARY
The inspection occurred onsite on the following date(s): July 20 - 21, 24 - 28, and 31, 2023
The following intake(s) were inspected: <ul style="list-style-type: none"> • Intake: #00092576 - Proactive Compliance Inspection

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

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

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Falls Prevention and 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. 265 (1) 10.

The licensee has failed to ensure that the current version of the home's visitor policy was posted in the home.

Through initial observation, it was observed that the visitor policy was not posted anywhere in the home.

The interim Executive Director (ED) indicated they were not aware of the requirement to post the visitors policy, and was not posted in the home. The Continuous Quality Improvement (CQI) lead posted the current version of visitors' policy on the board on main floor, as well as in the policies binder at reception desk.

Sources: Observation of the home, interviews with the interim ED and CQI lead.

[741672]

Date Remedy Implemented: July 25, 2023

WRITTEN NOTIFICATION: PLAN OF CARE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in a resident's plan of care related to nutrition was provided as per the plan.

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Rationale and Summary:

A resident was at high nutrition risk and was to be provided additional labeled food items at breakfast, lunch and afternoon snack as per Registered Dietitian (RD) recommendations. A meal observation at lunch time, showed that they did not receive those labeled food items.

A Personal Support Worker (PSW) indicated that the labeled items were not provided by the dietary department to be served to the resident. The Food Service Manager (FSM) verified that the labeled food items were missed for the resident at lunch and should have been provided to them as per their plan of care. The RD indicated that the resident should have been provided with the labeled food items to meet their nutritional needs and preferences.

There was an increased nutritional risk to the resident when they were not provided with food items as per their plan of care.

Sources: Meal observation, interviews with a PSW, the FSM and RD, the resident's clinical records.

[741672]

WRITTEN NOTIFICATION: DINING AND SNACK SERVICE

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

The licensee has failed to ensure that food was served at a temperature that was both safe and palatable to the residents.

Rationale and Summary

Through a meal observation on a resident home area, it was observed that the food temperature was not taken prior to serving lunch to the residents.

A Dietary Aide (DA) indicated that they did not take the food temperatures before serving the meal since they were in rush. The DA reported they often missed taking food temperatures prior to serving meals to residents. Two residents indicated that the food was not warm enough or palatable to eat. The FSM confirmed that the food temperatures should have been taken prior to serving meals to ensure food safety and palatability for residents.

Failure to take food temperatures put residents at increased risk of food borne illnesses and decreased oral intake.

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Sources: A meal observation, interviews with a DA, the FSM and two residents, review of temperature logs.

[741672]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Specifically, Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, s. 9.1, requires that at a minimum Additional Precautions shall include Point-of-Care signage indicating that enhanced IPAC control measures are in place.

Rationale and Summary

A resident had contact precautions in place for an infectious disease. Observation showed no point-of-care signage was posted indicating the enhanced control measures in place. A PSW staff entered the resident's room without wearing Protective Personal Equipment (PPE) and began to assist the resident with feeding.

The IPAC lead indicated that the resident was on contact precautions and the signage should have been posted at resident's room door to inform staff and visitors of required precautions for resident interactions.

Failure to post the signage at the resident's room door increased the risk of transmission of infectious disease.

Sources: An observation, interview with the IPAC lead, IPAC policy, subject: contact precautions, index I.D: F-05-10, IPAC Standard for Long Term Care Homes, April 2022.

[741672]

COMPLIANCE ORDER CO #001 DOORS IN A HOME

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

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The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee must:

1. Ensure the key for the lock of dirty utility rooms and housekeeping rooms is available in the home areas of second and third floors.
2. Re-train all staff working in the second and third floors home areas on the doors that should be kept closed and locked at all times. Maintain a written record of training provided, to include, but not limited to, dates training provided, staff attendance and person(s) providing the training.
3. Conduct weekly audits for a period of four weeks following the service of this order of doors leading to non-residential areas on the second and third floor resident home areas.
4. Maintain a written record of completed audits to include, but not limited to, date of audit, person(s) responsible for audits result of the audit and any actions taken in response to the audit findings.

Grounds

The licensee has failed to ensure that doors leading to non-residential areas on the second and third floors were kept closed and locked when not supervised by staff.

It was observed that the dirty utility room doors on the second and third floor home areas were not locked. The inspector observed multiple full garbage bags were placed on the floor, as well as a sharps container installed on the wall. A Registered Nurse (RN) indicated that the doors should have been locked, however they were not able to locate the key to lock the door on third floor.

It was also observed that the house keeping room door on the third floor home area was not locked. The inspector observed the chemical dispensers were installed on the wall which were easily accessible. The RN indicated the door was to be kept locked and immediately called the house keeping staff to lock the door.

The Environmental Service Manager (ESM) confirmed that dirty utility and housekeeping rooms were considered as non-residential areas and must remain closed and locked when not supervised by staff.

Failure to keep the non-residential areas locked put residents at increased risk of accessing safety hazards.

Sources: Observation on second and third floor home areas, interviews with RN and ESM.

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This order must be complied with by September 28, 2023.

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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

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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
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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.