



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

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

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

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<sup>ième</sup> étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 3, 2014	2014_189120_0051	H-000934- 14	Other

### **Licensee/Titulaire de permis**

RYKKA CARE CENTRES LP  
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

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

COOKSVILLE CARE CENTRE  
55 THE QUEENSWAY WEST, MISSISSAUGA, ON, L5B-1B5

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

BERNADETTE SUSNIK (120)

## **Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): July 30 and August 5, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Manager, maintenance staff and corporate consultants.**

**During the course of the inspection, the inspector(s) toured the home and outdoor courtyard, took lighting measurements and tested door security.**

**The following Inspection Protocols were used during this inspection:  
Safe and Secure Home**



**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
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.



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.**

**TABLE**

**Homes to which the 2009 design manual applies**

**Location - Lux**

**Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux**

**All other homes**

**Location - Lux**

**Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout**

**In all other areas of the home - Minimum levels of 215.28 lux**

**Each drug cabinet - Minimum levels of 1,076.39 lux**

**At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux**

**O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4**

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**Findings/Faits saillants :**



1. The lighting requirements as set out in the lighting table were not maintained. Non-compliance related to lighting levels was previously issued on July 22, 2013.

Illumination levels were taken using a Sekonic Handi Lumi, held parallel to the floor and 30 inches above the floor. On July 30, 2014, illumination levels in corridors on all 3 floors of the home were well below the minimum requirement of 215.28 continuous consistent lighting. Lux levels were 100 to 220 under the ceiling light fixtures and 0 to 50 lux between light fixtures, which were spaced 8 feet apart.

On August 5, 2014, resident room #220 was measured, the drapes were closed and all of the room lights were turned on. These consisted of 2 over bed lights (2 fixtures with 2 bulbs each). No central room light was available. When standing at the foot of the bed, between both beds, the lux was 100. When standing bedside the centre of one bed, the level was 220 lux. At reading level, the illumination level was 1000 lux. At the wardrobes, the lux was 90. The minimum requirement of 215.28 lux was not achieved centrally. Depending on the type of over bed lighting provided in each room, lighting levels ranged dramatically.

Resident bathrooms were equipped with fluorescent tube lighting, flush mounted on the ceiling and covered with an opaque lens. The majority were adequate and capable of providing the minimum 215.28 lux. However, the following bathroom lights were not adequate and may have been related to aged or expired bulbs;

- \*Room 232 - bath was 30 lux over the vanity
- \*Room 213 - bath was 20 lux over the vanity
- \*Room 304 - bath was 100 lux over the vanity
- \*Room 302 - bath was 70 lux over the vanity

[s.18]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**



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**Findings/Faits saillants :**

1. The licensee did not ensure that the home was a secure environment for its residents.

A) The home's sole courtyard was not secured to ensure that residents did not leave the home without staff knowledge. The chain link fence located along the length of the courtyard which bordered the parking lot was observed to be in poor condition. The chain link portion of the fence was detached from two posts and was curled downwards so that a person could step over it. According to maintenance staff, the disrepair of the fence was reported to upper management over 6 months prior. No dates could be provided as to when the fence was going to be repaired.

B) The courtyard access from the parking lot was not adequately secured on both July 30 and August 5, 2014. The chain link fence gate doors were wrapped with a chain but not locked. A pad lock was attached, but not to secure the doors. According to maintenance staff, landscapers used and continue to use the access to maintain the trees and the lawn. [s.5]

***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 that the home is a secure environment for its residents, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**



Specifically failed to comply with the following:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
    - i. kept closed and locked,
    - ii. equipped with a door access control system that is kept on at all times, and
    - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
      - A. is connected to the resident-staff communication and response system, or
      - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
- O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

- 1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

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### **Findings/Faits saillants :**

1. The licensee did not ensure that the sliding patio doors to the courtyard from the main floor dining room were equipped with locks to restrict unsupervised access. The two sets of glass patio doors were equipped with basic sliding locks at the handle and additional locking hardware to increase the security of the doors. However, the added key locks were not in good working order and were not engaged. The sliding locks were ineffective at keeping residents from gaining access to the courtyard. [s. 9(1)1.1.]

### ***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 that the courtyard doors from the dining room are equipped with locks to restrict unsupervised access, to be implemented voluntarily.***



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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17.**

**Communication and response system**

**Specifically failed to comply with the following:**

**s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**

**(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**

**(b) is on at all times; O. Reg. 79/10, s. 17 (1).**

**(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**

**(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**

**(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**

**(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**

**(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the hair salon and outdoor courtyard were equipped with an activation station that was connected to the resident-staff communication and response system. [s. 17(1)(e)]

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**Issued on this 3rd day of September, 2014**

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



Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** BERNADETTE SUSNIK (120)

**Inspection No. /**

**No de l'inspection :** 2014\_189120\_0051

**Log No. /**

**Registre no:** H-000934-14

**Type of Inspection /**

**Genre** Other

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Sep 3, 2014

**Licensee /**

**Titulaire de permis :** RYKKA CARE CENTRES LP  
50 SAMOR ROAD, SUITE 205, TORONTO, ON,  
M6A-1J6

**LTC Home /**

**Foyer de SLD :** COOKSVILLE CARE CENTRE  
55 THE QUEENSWAY WEST, MISSISSAUGA, ON,  
L5B-1B5

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** NICOLE FISHER

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To RYKKA CARE CENTRES LP, you are hereby required to comply with the following order(s) by the date(s) set out below:





**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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**Order(s) of the Inspector**Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8***Ordre(s) de l'inspecteur**Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8***Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

**TABLE**

Homes to which the 2009 design manual applies

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Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

**Order / Ordre :**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

The licensee shall prepare, submit and implement a plan that summarizes how and when the lighting levels in the home, specifically the resident bedrooms and corridors on all 3 floors, will be upgraded to ensure that they meet the minimum lighting levels identified in the lighting table.

The plan shall be submitted by email to Bernadette Susnik at [Bernadette.susnik@ontario.ca](mailto:Bernadette.susnik@ontario.ca) by September 30, 2014. The plan shall be implemented by December 31, 2015.

**Grounds / Motifs :**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
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de soins de longue durée, L.O. 2007, chap. 8*

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Resident bathrooms were equipped with fluorescent tube lighting, flush mounted on the ceiling and covered with an opaque lens. The majority were adequate and capable of providing the minimum 215.28 lux. However, the following bathroom lights were not adequate and may have been related to aged or expired bulbs;

- \*Room 232 - bath was 30 lux over the vanity
- \*Room 213 - bath was 20 lux over the vanity
- \*Room 304 - bath was 100 lux over the vanity
- \*Room 302 - bath was 70 lux over the vanity (120)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2015**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
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de soins de longue durée*, L.O. 2007, chap. 8

### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.





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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 3rd day of September, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** BERNADETTE SUSNIK

**Service Area Office /**

**Bureau régional de services :** Hamilton Service Area Office