

**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**Central West Service Area Office
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 22, 2020	2020_826606_0010	002576-20	Critical Incident System

Licensee/Titulaire de permisRykka Care Centres LP
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7**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**

JANET GROUX (606)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 27, 28, March 3, and 4, 2020.

**The following Critical Incident was inspected:
Log #002576-20 regarding a resident who fell and sustained a serious injury.**

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Clinical Directors of Care (CDOC), Registered Nurses (RN), Registered Practical Nurses (RPN), and Personal Support Workers (PSW).

The inspector(s) conducted observations of resident care, residents and staff interactions, completed interviews and reviewed residents' clinical records including progress notes, assessments, physician orders, plans of care, reviewed relevant home's investigation records, and relevant policies and procedures.

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

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

1 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 has failed to ensure that where the Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10, s. 48 (1) 1, and in reference to O. Reg. 79/10, s. 49 (1) the licensee was required to have a falls prevention and management program that provided strategies to monitor residents.

Specifically, staff did not comply with the licensee's Falls Prevention Policy which directed staff to initiate all the interventions as specified in the policy for a resident identified at an identified risk level for falling.

A Critical Incident (CI) submitted to the Ministry of Long Term Care (MLTC) reported that resident #005 fell, was admitted to the hospital and diagnosed with an identified medical condition.

Resident #005's admission fall assessment identified the resident as cognitively impaired with identified mobility problems which contributed to their falls in the past. According to the Home's Falls Prevention Policy, staff were to include all interventions specified from the identified categories when the resident was assessed to have cognitive impairments, had identified responsive behaviours, deemed as high potential for injury, and had multiple disease processes.

Resident #005's progress notes stated resident #005 sustained two falls due to a specific behaviour. Personal Support Worker (PSW) #118 and Registered Practical Nurse (RPN) #106 confirmed this.

Resident #005's plan of care included a number of interventions but not all interventions were included to manage the resident's risk of falling as specified in the Home's Falls Prevention Policy.

RPN #119 stated that resident #005 was assessed at an identified risk level for falling and should have included all the interventions as directed by the policy.

The licensee has failed to ensure that the Home's Falls Prevention Policy for resident #005 was complied with. [s. 8. (1) (a),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 The licensee has failed to ensure that where the Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy is complied with, to be implemented voluntarily.

Issued on this 29th day of May, 2020

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

Original report signed by the inspector.