

**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  
1st Floor, 609 Kumpf Drive  
WATERLOO ON N2V 1K8  
Telephone: (888) 432-7901  
Facsimile: (519) 885-2015Bureau régional de services de Centre  
Ouest  
1e étage, 609 rue Kumpf  
WATERLOO ON N2V 1K8  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-2015**Public Copy/Copie du rapport public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 13, 2020	2020_826606_0012	003564-20, 010643- 20, 011738-20	Critical Incident System

---

**Licensee/Titulaire de permis**Rykka 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): June 29, 30, July 2, 3, 7, and 8, 2020.**

**The following Critical Incidents (CI) intakes were inspected:**

**Log #011738-20 regarding an allegation of improper care resulting in a resident transfer to the hospital; log #003564-20 regarding the unexpected death of a resident, and log #010643-20, regarding a fire in a resident's room.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Dietitian (RD), Environmental Services Manager (ESM), Nurse Practitioner (NP), Maintenance Staff, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), and residents.**

**The inspector also toured a resident home area, observed resident staff interaction, reviewed relevant residents' clinical records, policies and procedures, and training records pertaining to the inspection.**

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

**Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Hospitalization and Change in Condition  
Nutrition and Hydration**

**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 Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place a policy, the licensee was required to ensure that the policy was complied with.

In accordance with O. Reg. 79/10 68. (2) and in reference to 68 (2) (d) the licensee was required to ensure that a system was in place to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

a) The Home's hydration policy directed registered staff to initiate a dietary referral form for each resident who had not consumed their required amount of fluids for the 24 hour period over a three day time span once it was determined there was no reason for the reduced consumption. The registered staff would include an electric progress notes resident's chart identifying this action. The Registered Dietian (RD)/ Food Service Manager (FSM) will review the fluid requirement upon receipt of the Dietary Referral and update in the resident's care plan and on the Dietary Kardex.

A Critical Incident (CI) reported resident #003's Substitute Decision Makers (SDM) had concerns regarding the resident's transfer to the hospital.

Resident #003's plan of care identified the residents at an identified nutritional risk due to their medical diagnoses and medications and required an identified amount of fluid intake per day.

Resident #003's clinical records were reviewed and identified dates where the resident did not consume their required fluid intake per day. Resident #003's assessments in Point Click Care (PCC) did not show evidence that a referral to the RD was initiated for

the dates the resident did not meet their required fluid target.

b) Residents #004 and #005's plan of care identified the residents at an identified nutritional risk related to their medical conditions and required an identified amount of fluid intake per day.

Residents #004 and #005's clinical records were reviewed and showed on identified dates where the residents did not consume their required fluid intake per day. Their assessments in PCC did not show evidence that a referral to the RD were initiated for the dates the residents did not meet their required fluid target.

Registered Nurses (RN) #105 and #107 said each resident has a plan of care for their required fluid limit per 24 hours. A resident's fluid intake is monitored by the registered staff on nights based on their fluid intake for the last three days. The amounts consumed during the three days is compared to the resident's individual fluid requirement found in their nutritional plan of care. When a resident's fluid intakes does not meet the required fluid intake during three consecutive days, a referral to the RD would be initiated. This was confirmed by the RD.

The Director of Care (DOC) acknowledged that registered staff had not been following the Home's Hydration Policy.

The licensee has failed to comply with the Home's Hydration policy for resident #003, #004, and #005. [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 to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place a policy, the licensee is required to ensure that the policy is complied with in regards to the Home's Hydration Policy, to be implemented voluntarily.***

**Issued on this 14th day of July, 2020**

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

**Original report signed by the inspector.**