



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 prévue le Loi de 2007 les foyers de soins de longue

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

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
May 23, 2012	2012_072120_0042	Complaint

**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 a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Director of Care, registered staff, social worker and the identified resident.

During the course of the inspection, the inspector(s) reviewed the resident's health care records and the home's policy and procedure on responsive behaviours. (H-000679-12)

The following Inspection Protocols were used during this inspection:

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

**Legend**

WN – Written Notification  
 VPC – Voluntary Plan of Correction  
 DR – Director Referral  
 CO – Compliance Order  
 WAO – Work and Activity Order

**Legendé**

WN – Avis écrit  
 VPC – Plan de redressement volontaire  
 DR – Aiguillage au directeur  
 CO – Ordre de conformité  
 WAO – Ordres : travaux et activités

<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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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 LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**  
Specifically failed to comply with the following subsections:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

1. Abuse recognition and prevention.
2. Mental health issues, including caring for persons with dementia.
3. Behaviour management.
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.
5. Palliative care.
6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).

**Findings/Faits saillants :**

[O. Reg. 77/10, s. 76(7)2&3.] The licensee has not ensured that all staff who provide direct care to residents received, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

2. Mental health issues
3. Behaviour management.

Direct care staff for an identified resident with a mental health issue have not received any training regarding the specific mental health issue or how to manage the associated behaviours. Individual staff have tried to manage the behaviour in various different ways, according to their own judgment. Methods employed to date have not been successful. Nursing staff interviewed confirmed they have not received training related to the resident's behaviours or this mental health issue and that their efforts to manage the resident's behaviour is based on their own professional judgment.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**  
Specifically failed to comply with the following subsections:

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
- (a) the behavioural triggers for the resident are identified, where possible;
  - (b) strategies are developed and implemented to respond to these behaviours, where possible; and
  - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

**Findings/Faits saillants :**



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[O. Reg. 79/10, s. 53(4)(b)] The licensee has not ensured that, for each resident demonstrating responsive behaviours that;

(b) strategies are developed and implemented to respond to the resident demonstrating these behaviours, where possible; and

Behavioural strategies have not been identified and implemented to respond to the resident demonstrating a responsive behaviour. An identified resident has been diagnosed with a mental health issue. Health care documents, such as the plan of care, do not include information regarding the behaviour strategies to manage the resident's identified behaviour. Staff interviewed confirmed that the approaches utilized to manage this identified behaviour vary based on the staff member involved.

In 2012, a Responsive Behavioural Assessment was conducted on the resident. This assessment indicated that the behavioural threat level was moderate risk and the assessment triggered the need for a Psychogeriatric Resource Consultant. At the time of this inspection this intervention had not been implemented and no referral had been made to the consultant, nor has a reassessment been conducted to revise the suggested actions identified.

Issued on this *11<sup>th</sup>* day of June, 2012

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

A handwritten signature in cursive script that reads "B. Susnik".