

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: March 30, 2023	
Inspection Number: 2023-1277-0001	
Inspection Type: Complaint Critical Incident System	
Licensee: Rykka Care Centres LP	
Long Term Care Home and City: Anson Place Care Centre, Hagersville	
Lead Inspector Angela Finlay (705243)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred on the following date(s):
February 24, February 27-March 2, and March 6-7, 2023.

The following intake was inspected in this complaint inspection:

- Intake #00001733 was related to continence care, skin and wound prevention and management, falls prevention and management, and reporting and complaints.

The following intakes were inspected in this Critical Incident (CI) inspection:

- Intake #00008127/CI #: 2786-000009-22 was related to falls prevention and management.
- Intake #00013907/CI #: 2786-000013-22 was related to falls prevention and management.

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

- Contenance Care
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Reporting and Complaints
- Falls Prevention and Management

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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)

FLTCA, 2021, s. 6 (1) (a)

The licensee has failed to ensure that the written plan of care for a resident set out the planned care for the resident.

Rationale and Summary

A resident was assessed as a high risk of falls. In March, 2023, personal support worker (PSW) #104 stated that the resident required a specific intervention as a falls prevention, and this intervention was then observed to be in place. Registered nurse (RN) #105 and another staff member confirmed this intervention was being used and stated that it was required to be listed under the resident's plan of care but currently was not. The RN then updated the resident's plan of care to include the intervention.

Sources: The resident's clinical record; observations; and interviews with PSW #104, RN #105 and another staff member. [705243]

Date Remedy Implemented: March 1, 2023

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O.Reg. 246/22, s. 53 (1) 1.

The licensee failed to ensure that the falls prevention and management program that was developed was complied with in regards to physical therapy referrals.

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In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there is a falls prevention and management program and that it is complied with.

Specifically, staff did not comply with the program “Falls Prevention Program, Falls Management”, last reviewed in August 2022.

Rationale and Summary

The home’s falls program stated that after a resident had a fall, the Unit Supervisor would make referrals to other disciplines including occupational therapy (OT) and physical therapy (PT). RN #105 stated that PT was to be referred to immediately after a resident had a fall and the Director of Care (DOC) confirmed this was the expectation.

A resident had a fall in September, 2022. There was no referral made to PT related to this fall.

Failing to refer to PT after the resident had a fall, may have placed them at risk of missing beneficial therapy and interventions.

Sources: The resident’s clinical records; the home’s falls program “Falls Prevention Program, Falls Management”, last reviewed in August 2022; and interviews with RN #105 and the DOC. [705243]