



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

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<b>Date(s) of inspection/Date de l'inspection</b> March 30, 2011	<b>Inspection No/ d'inspection</b> 2011_167_2739_29Mar100551	<b>Type of Inspection/Genre d'inspection</b> Inspection related to complaint H-02996
<b>Licensee/Titulaire</b>  Rykka Care Centres LP 50 Samore Road, Suite 205 Toronto, Ontario M6A 1J6		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>  Dundurn Place Care Centre 39 Mary Street Hamilton, Ontario L8R 3L8		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>  Marilyn Tone # 167		
<b>Inspection Summary/Sommaire d'inspection</b>		

The purpose of this inspection was to conduct a complaint inspection related to resident care.

During the course of the inspection, the inspector spoke with: the Director of Care, the Administrator, the identified resident, and the nurse in charge and personal support worker staff on the unit where the resident resides.

During the course of the inspection, the inspector: conducted a review of the health file for the identified resident and reviewed the home's program related to falls prevention.

The following Inspection Protocols were used during this inspection:

Falls prevention Inspection Protocol

Continence Care and Bowel Management Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

3 WN  
2 VPC

### NON- COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: The Licensee has failed to comply with Long-Term Care Homes Act 2007, S.O.2007, c.8 s.6(1)(c)**

**Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.**

#### Findings:

The plan of care for the identified resident does not give clear direction to staff related to their toileting/continence needs.

1) The plan of care related to the identified resident's continence needs does not include interventions

determined by the continence assessments completed for the resident.

- 2) A staff member interviewed on the day of the inspection was not aware of the assessed needs of the identified resident related to toileting, confirming that the plan of care did not give clear direction to staff providing care.

**Inspector ID #:** # 167

**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 plan of care for the identified resident gives clear direction to the staff providing care related to their toileting needs, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with: Long-Term Care Homes Act 2007, S.O.2007, c.8 s.6(10)(b)**

**The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary;**

**Findings:**

The identified resident was not assessed and his plan of care revised related to the resident's repeated voiced concerns.

- 1) No assessment took place related to the identified resident's repeated complaints of increasing pain.
- 2) The identified resident's plan of care was not revised and interventions put in place to address their concerns.

**Inspector ID #:** #167

**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 when a resident's condition or care needs change, that their plan of care is reviewed and revised to address their current needs, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O. Reg. 79/10 s.51(2)(c)**

**Every licensee of a long-term care home shall ensure that, each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;**

**Findings:**

The identified resident did not receive assistance with toileting as per their assessed needs or plan of care.

- 1) The identified resident's plan of care indicates that they require two staff to assist with the entire process of toileting.
- 2) The identified resident's plan of care indicates that they are to be toileted morning and evening and the



assessment completed on admission indicates that they should be toileted at least four times per day. The continence assessment completed on admission indicates that they be toileted after meals and at bedtime. At 1030 on the day of the review, the resident had not yet been offered any toileting assistance. The identified resident was not offered any toileting after breakfast on the day of the inspection.

Inspector ID #: # 167

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.

Title:

Date:

Date of Report: (if different from date(s) of inspection).

April 19, 2011