



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**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  
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| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|--------------------------------|--|
| Jan 30, 2013                                   | 2013_027192_0001                              | H-0002179-<br>12               | Follow up  |

**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**

**DUNDURN PLACE CARE CENTRE  
39 MARY STREET, HAMILTON, ON, L8R-3L8**

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

**DEBORA SAVILLE (192)**

**Inspection Summary/Résumé de l'inspection**



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 30, 2013

This Follow-up inspection is related to compliance order #001 issued June 22, 2012 related to inspection 2012\_027192\_0027.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Registered Nurses, Personal Support Workers and residents.

During the course of the inspection, the inspector(s) reviewed medical records, incident reports, and observed resident care.

The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

| <b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b> |                                       |
|---|---------------------------------------|
| Legend  | Legendé                               |
| WN – Written Notification                           | WN – Avis écrit                       |
| VPC – Voluntary Plan of Correction                  | VPC – Plan de redressement volontaire |
| DR – Director Referral                              | DR – Aiguillage au directeur          |
| CO – Compliance Order                               | CO – Ordre de conformité              |
| WAO – Work and Activity Order                       | WAO – Ordres : travaux et activités   |



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.)

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

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (10) 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,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**



1. The licensee failed to 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 of care is no longer necessary. [s. 6. (10) (b)]

Resident 001's plan of care indicates that 1:1 monitoring related to responsive behaviours had been stopped.

Documentation review and interview confirm that the resident is presently receiving 1:1 monitoring and that 1:1 monitoring was restarted following an incident in November 2012.

Resident 001's plan of care indicates that the resident has an infection that started in December 2012. Interview, record review and observation indicate that the resident no longer has symptoms of an infection.

The plan of care was not updated to reflect these changes in resident 001's condition. [s. 6. (10) (b)]

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

| <b>COMPLIED NON-COMPLIANCE/ORDER(S)<br/>REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES:</b> |  |  |   |
|---|--|--|---|
| <b>REQUIREMENT/<br/>EXIGENCE</b>  | <b>TYPE OF ACTION/<br/>GENRE DE MESURE</b> | <b>INSPECTION # /<br/>NO DE L'INSPECTION</b> | <b>INSPECTOR ID #/<br/>NO DE L'INSPECTEUR</b> |
| LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)   | CO #001                                    | 2012_027192_0027                             | 192   |



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Issued on this 5th day of February, 2013

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

*Debora Saville*