

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: December 7, 2023	
Inspection Number: 2023-1414-0007	
Inspection Type: Proactive Compliance Inspection	
Licensee: Rykka Care Centres GP Inc.	
Long Term Care Home and City: Arbour Creek Long-Term Care Centre, Hamilton	
Lead Inspector Lesley Edwards (506)	Inspector Digital Signature
Additional Inspector(s) Betty Jean Hendricken (740884)	

INSPECTION SUMMARY

The inspection occurred onsite on the following dates November 29, 30, 2023 and December 1, 4, 5, 6, 2023.

The following intakes were inspected:

- Intake: #00102499 - Proactive Compliance Inspection (PCI).

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management

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Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

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)

Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

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The licensee has failed to ensure that controlled substances that are to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substances that are available for administration to a resident.

Rationale and Summary

During an observation of the medication room on the third floor where the home keeps their narcotics/controlled substances, it was noted there was a box of a controlled substance that was discontinued sitting on the top of the destruction bin that was not locked. The registered staff acknowledged that the controlled substance should not be stored like this as it was not double-locked.

The licensee immediately put the controlled substance in the destruction bin.

Sources: Observation of the storage unit; interview with staff and Director of Care (DOC) and review of the home's policy "Drug Destruction and Disposal Policy", reviewed June 6, 2023.

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Date Remedy Implemented: November 30, 2023

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

Duty of licensee to comply with plan

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

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The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan of care.

Rationale and Summary

A resident's plan of care specified that they were to have a beverage at specified times. During an observation of the resident identified they were not provided their beverage. The Personal Support Worker (PSW) acknowledged that they were aware that the resident was to have the specified beverage.

Sources: Resident's clinical record; resident observations; interview with the RPN and other staff.

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WRITTEN NOTIFICATION: Hazardous Substances

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 97

Hazardous substances

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee has failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times.

Rationale and Summary

In accordance with O. Reg. 246/22, s. 12 (1) 3, all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by

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residents, and those doors must be kept closed and locked when they are not being supervised by staff.

Specifically, on a tour of the home doors leading to two housekeeping rooms on two floors were unlocked. On entry to the supply rooms, there was a hopper sink with connections to containers of cleaning solution and chemicals as well as bottles of virox and other cleaning agents with hazardous labels.

During the tour of the home, doors leading to two spa rooms on the secured units were also observed propped open and there was body cleanser, shampoo and tub disinfectant in the spa rooms.

The Executive Director (ED) acknowledged that all doors were required to be locked when staff not present. There was a potential risk of chemical exposure to residents when hazardous substances were accessible through unlocked doors.

Sources: Tour of the home; ED interview and other staff; labels for chemicals.

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