

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

**Toronto District**  
5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002

## Original Public Report

<b>Report Issue Date:</b> June 16, 2023	
<b>Inspection Number:</b> 2023-1073-0004	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> Rykka Care Centres LP	
<b>Long Term Care Home and City:</b> Eatonville Care Centre, Etobicoke	
<b>Lead Inspector</b> Nicole Ranger (189)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 29, 30, 31, 2023 and June 1, 2, 5, 2023  
The inspection occurred offsite on the following date(s): June 6, 14, 2023

The following intake(s) were inspected:

- Intake: #00085388 (Critical Incident System (CIS) #2468-000018-23) – related to prevention of abuse and neglect
- Intake: #00088611 (CIS #2468-000026-23) – related to unlawful conduct of a staff member

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

- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: REPORTING CERTAIN MATTERS TO THE DIRECTOR

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

**Non-compliance with:** FLTCA, 2021, s. 28 (1) 3.

The licensee has failed to ensure that anyone who had reasonable grounds to suspect unlawful conduct that resulted in harm or risk of harm to a resident, immediately reported to the Director.

#### Rationale and Summary

A Critical Incident System (CIS) report was submitted to the Director related to unlawful conduct of an agency staff in the home.

The Executive Director (ED) became aware that an agency Registered Practical Nurse (RPN) was not registered with the College of Nurses of Ontario (CNO) and is on the Unregistered Practitioner list.

The Executive Director stated the incident was not immediately reported to the Director because they were awaiting a response from the College of Nurses, however, they received a response two days later. The CIS was submitted eight (8) days after initial notification.

Failure of the home to immediately report the unlawful conduct could have delayed the Director's ability to respond to the incident in a timely manner.

**Sources:** Review of CIS 2468-0000026-23, policy titled "Abuse and Neglect" last reviewed February 3, 2023, interview with the Executive Director.

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### WRITTEN NOTIFICATION: DOORS IN A HOME

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

**Non-compliance with:** O. Reg. 246/22, s. 12 (1) 3.

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The licensee has failed to ensure that doors leading to non-residential areas were kept closed and locked when not supervised by staff.

### Rationale and Summary

During the inspection, the laundry chute doors in two resident home area (RHA) were unlocked with key inside the door lock. The inspector opened the door and observed an open laundry chute and an electrical panel inside. There were no residents in the vicinity at the time of the observations. Registered Nurse (RN) #108 and RN #109 reported that the doors should be locked and key left at the nursing station when not attended.

The Director of Care (DOC) acknowledged that the laundry chute doors were non-residential areas and must remain closed and locked.

There was risk as residents could enter the Laundry Chute and become entrapped or injured when doors were not kept locked.

**Sources:** Observations during the inspection period, interviews with RN #108, RN #109, and DOC.

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## WRITTEN NOTIFICATION: MEDICATIONS

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

**Non-compliance with:** O. Reg. 246/22, s. 134 (1)

The licensee has failed to comply with their Medication Administration policy related to medication administration.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to have a monitored dosage system used in the home for the administration of drugs and be complied with.

Specifically, staff did not comply with the home's policy index #RCS F-05, titled "Medication Administration", reviewed date June 20, 2022, that all medications are to be administered by Registered Staff as per the physician's order frequency and documented in the resident's electronic Medication Administration Record (eMAR) immediately post administration

### Rationale and Summary

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A resident complained of nausea and requested medication. RPN #105 reported that they administered medications to the resident, however, did not immediately sign the resident's eMAR as they went to another floor to complete a task.

RN #106 reported that the resident continued the complain of nausea, so they reviewed the resident's eMAR and also administered the medication to the resident. RN #106 reported that they signed the eMAR after administration. A short time after, RPN #105 inquired if RN #106 had signed the eMAR on their behalf as they had also administered the medication to the resident prior to but did not immediately sign the eMAR.

The Assistant Director of Care (ADOC) acknowledged that RPN #105 did not follow the home's policy of documenting in the resident's eMAR immediately post administration.

The resident was placed at risk when staff failed to document medication administration immediately, resulting in additional dosage being administered.

**Source:** Review of home's investigation file, medication incident, policy titled "Medication Administration", reviewed date June 20, 2022, interview with RPN #105, RN #106 and ADOC.

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## WRITTEN NOTIFICATION: MEDICATIONS - DRUG STORAGE

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

**Non-compliance with:** O. Reg. 246/22, s. 139 2.

The licensee has failed to ensure that steps were taken to ensure the security of the drug supply and all areas where drugs are stored, access was restricted to persons who may dispense, prescribe, or administer drugs in the home.

### Rationale and Summary

The ED became aware that agency RPN #105 was not registered with the College of Nurses of Ontario and was on the Unregistered Practitioner list.

RPN #105, who had been hired through an agency, worked at the home for a six month period.

During this time period, RPN #105 administered medications, including oral narcotics, to residents on

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multiple floors. RPN #105 also reported they held the medication room keys during their shift and had access to where drugs are stored and supplied.

RN #106 and RPN #107 reported that they conducted shift exchange tasks with RPN #105 which included counting narcotics and providing the medication room keys to the RPN #105.

RPN #105 was not a registered practitioner and should not have access to drug supplies or storage.

The DOC confirmed that RPN #105 administered medications, including narcotics, to residents, had access drug supply and storage areas.

**Sources:** Review of Medication Audits, interview with DOC, RPN #105, RN #106 and RPN #107.

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## **WRITTEN NOTIFICATION: MEDICATIONS - ADMINISTRATION OF DRUGS**

**NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

**Non-compliance with:** O. Reg. 246/22, s. 140 (3) (b) (i)

The licensee has failed to ensure that no person administered a drug to a resident in the home unless the person was a member of a regulated health profession and was acting within their scope of practice.

### **Rationale and Summary**

During a six month period, RPN #105, administered medications, including oral narcotics, to residents on multiple floors. RPN #105 also reported they held the medication room keys on during their shift and had access to where drugs are stored and supplied.

RPN #105 reported to the Inspector that they did not attend College for practical nursing, and they did not obtain a registration number to practice from the CNO.

RPN #105 was identified in NC #003 related to not following the home's policy for medication administration.

RPN #105 was not a registered practitioner and should not have administered medications to residents.

The DOC confirmed that RPN #105 administered medications, including narcotics, to residents while

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working in the home.

**Sources:** Review of Medication Audits, interview with the DOC, RPN #105, RN #106 and RPN #107.

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## COMPLIANCE ORDER CO #001 NURSING AND PERSONAL SUPPORT SERVICES

### NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 11 (1) (a)

#### The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- (a) Audit and review the College of Nurses of Ontario (CNO) registration for current agency and direct registered nurses.
- (b) Develop a process to thoroughly vet agencies before entering into contracts with them to ensure that the agency's management and staff have the knowledge, skills, and experience required to provide services effectively and safely to the home's residents, including on the requirements of the Fixing Long Term Care Act, 2021 and its regulations.
- (c) Develop a process to ensure contracts with agencies set out clear responsibilities and expectations for the agency in terms of its hiring, screening, and training of registered staff.

Maintain a record of the audits completed, including but not limited to, date of audit, person completing the audit, outcome and actions taken as a result of any deficiencies identified. Maintain a record of the process for vetting agencies and responsibilities and expectations for agencies.

#### Grounds

The licensee has failed to comply with their Agency Utilization policy related to agency staff.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to have an organized program of nursing services for the home to meet the assessed needs of the residents, and be complied with.

Specifically, staff did not comply with the home's policy index # HRM E-60-40, titled "Agency Utilization", reviewed date July 8, 2022, that agency staff to present their photo identification. to the DOC or Charge Nurse at the beginning of the shift. DOC or Charge Nurse must verify agency staff entitlement to practice

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by checking their registration with College of Nurses of Ontario on CNO “Find a Nurse” website.

**Rationale and Summary**

The ED became aware that RPN #105 was not registered with the College of Nurses of Ontario (CNO) and is on the Unregistered Practitioner list.

RPN #105, who had been hired through an agency, worked at the home for a six month period.

Staff Development Coordinator who reviews the agency hiring documentation, did not check the registration with the CNO to ensure RPN #105 was entitled to practice prior to them working in the home.

The ED and DOC confirmed the verification of registration for RPN #105 had not been completed and the home did not comply with their policy.

The Public Inquiry into the Safety and Security of Residents in the Long-Term Care Home System, dated July 31, 2019, provided recommendations for licensees on the screening, hiring, management and discipline of registered staff. A review of the Agency Utilization Policy did not identify that the recommendations were implemented in the policy.

Failure to verify agency staff entitlement to practice posed risk of harm, when the unregistered practitioner provided nursing care, including medication administration to residents in the home.

**Sources:** Review of The Public Inquiry into the Safety and Security of Residents in the Long-Term Care Home System, dated July 31, 2019, CIS 2468-000026-23, home’s investigation notes, hiring documentation for RPN #105, policy titled “Agency Utilization” last reviewed July 8, 2022, interview with the Executive Director, Director of Care, Staff Development Coordinator, Regional Director of Operations Responsive Management, Agency CEO, and RPN #105.

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**This order must be complied with by July 28, 2023**

**COMPLIANCE ORDER CO #002 CERTIFICATION OF NURSES**

**NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

Non-compliance with: O. Reg. 246/22, s. 51

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**The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with [FLTCA, 2021, s. 155 (1) (b)]:**

The plan must include but is not limited to:

Specifically, the licensee shall prepare, submit and implement a plan to ensure that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of Nurses of Ontario.

The plan must include but is not limited to the following;

- (a) A process to ensure that the College of Nurses of Ontario (CNO) resource tool “Find a Nurse” and the Unregistered Practitioner list is viewed prior to hiring all direct or agency registered staff.
- (b) Develop an ongoing process and outline steps to ensure and verify that registered staff (RN/RPN) hired are entitled to practice on an annual basis.
- (c) Director of Care, Assistant Director of Care, or delegate must visually observe in person the agency registered staff College of Nurses of Ontario (CNO) licensee prior to their first scheduled shift.
- (d) Hiring coordinator and any individual who assists with hiring receives training on items (a) and (b).
- (e) The plan should include identified staff roles and responsibilities for the implementation and evaluation of the above process. A timeline is to be established for the implementation of each component of steps (a) through (d) by the compliance due date.

Please submit the written plan for achieving compliance for inspection #2023-1073-0004 to Nicole Ranger (189), LTC Homes Inspector, MLTC, by email by June 30, 2023.

Please ensure that the submitted written plan does not contain any PI/PHI.

### Grounds

The licensee has failed to ensure that every registered nursing staff had the appropriate current certificate of registration with the College of Nurses of Ontario.

### Rationale and Summary

The ED became aware of that agency RPN #105 was not registered with the College of Nurses of Ontario and is on the Unregistered Practitioner list.

The ED and Staff Development Coordinator stated that the home was experiencing staffing shortages as a result of a COVID-19 outbreak. The home utilized a staffing agency to supplement the home’s staffing supply of PSW and RPN.



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RPN #105, who had been hired through the agency, worked at the home for a six month period. It was identified during review of the registered staffing credentials at another home, that RPN #105 was not entitled to practice and was on the unregistered practitioner list according to the College of Nurses of Ontario (CNO).

The CNO website encourage employers to use the “Find a Nurse” tool to verify the registration status of every nurse they employ directly or through an agency.

The Staff Development Coordinator stated that they received initial hiring documentation for RPN #105. The Staff Development Coordinator stated that when they received the documentation from the agency, they did not review or verify the CNO credentials of RPN #105.

RPN #105 reported to the Inspector that they did not attend College for practical nursing, and they did not obtain a registration number from the CNO.

The DOC and Staff Development Coordinator confirmed and acknowledged with the Inspector that the home did not check the registration with the CNO to ensure RPN #105 was entitled to practice prior to them working in the home.

Failure to verify agency staff entitlement to practice posed risk of harm, when the unregistered practitioner provided nursing care, including medication administration to residents in the home.

**Sources:** Review of CIS 2468-0000026-23, home’s investigation notes, hiring documentation for RPN #105, policy titled “Agency Utilization” last reviewed July 8, 2022, interview with the Executive Director, Director of Care, Staff Development Coordinator, Agency CEO, and RPN #105.

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**This order must be complied with by July 28, 2023**

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## **REVIEW/APPEAL INFORMATION**

### **TAKE NOTICE**

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

#### **Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).