



**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
prévus le Loi de 2007 les
foyers de soins de longue**

**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 performance et de la
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jul 3, 4, 5, 9, 13, 19, 20, Aug 7, 9, 2012	2012_070141_0012	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

COOKSVILLE CARE CENTRE
55 THE QUEENSWAY WEST, MISSISSAUGA, ON, L5B-1B5

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

SHARLEE MCNALLY (141), LALEH NEWELL (147)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Directors of Care, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSWs), and residents

During the course of the inspection, the inspector(s) reviewed resident records, home's policies and procedures, home's internal investigation summaries, toured home areas and observed resident care.

Log# H-001277-12

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.)	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.)
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 subsections:

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :

1. The licensee did not ensure that staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. The staff who provided direct care to resident #1 did not have immediate access to the resident's plan of care. The complete written plan of care and shortened version was only available in an electronic format and the PSWs did not have access to them. The kardex (as part of the plan of care) was accessible to front line staff but did not include strategies and interventions related to all of the resident's needs that were identified in the electronic version of the plan, including responsive behaviours. The kardex for the resident that was currently available to the PSWs was dated August 2011. The DOC (acting) confirmed nursing staff had been instructed to only print the shortened version of the plan and the kardex and PSWs did not have access to the full plan. Registered staff confirmed they had been instructed to not print the full version of the plan of care. The home's policy and procedure "Care Plans" (C-15) stated it is the responsibility of the registered staff to ensure that the care plans reflect each resident's current condition, strengths, abilities, risks, likes and dislikes and that staff assigned to those residents are aware of the specific direction/intervention needed to meet resident's individual needs.
2. The staff who provided direct care to resident #6 did not have immediate access to the resident's plan of care. The current complete written plan of care with review and revisions dates up until June, 2012 was only available in an electronic version and the PSWs did not have access to it including needs related to responsive behaviours. The kardex, shortened version and full plan of care were printed for access by staff but were dated August, 2011.
3. The staff who provided direct care to resident #2 did not have immediate access to the resident's plan of care. The content of the kardex and plan of care that was accessible to the PSWs was not updated with current strategies and interventions related to the resident needs. The plan of care and the kardex for the resident that was available to the PSWs were dated October, 2011 and August, 2011 respectively. The accessible plan of care did not include assessments that were completed after these dates including needs related to safe smoking and responsive behaviours.
4. The staff who provided direct care to resident #4 did not have immediate access to the resident's plan of care. The complete written plan of care was only available in an electronic version and the PSWs did not have access to it. The kardex and shorten version of the plan of care was accessible but did not include strategies and interventions related to all of the resident's needs that were identified in the electronic versions including responsive behaviours. The shorten version of the plan of care for the resident that was currently available to the PSWs was dated August, 2011.
5. The staff who provided direct care to residents in the restorative care beds did not have immediate access to the resident's plan of care. The complete written plan of care, the kardexs and shorten versions of the plans was only available in an electronic version and PSWs did not have access to them. The DOC (acting) confirmed the registered staff were instructed not to print the plans of care for the restorative care resident's because the resident's needs changed too quickly to keep the plans of care updated. The registered staff confirmed they did not print the plans of care. The PSWs confirmed they were provided instructions of care for residents only through verbal communication with registered nursing staff and did not have access to plans of care.

Additional Required Actions:

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 staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it., to be implemented voluntarily.

**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:**

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19.	CO #002	2012_027192_0001	141



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LTCHA, 2007 S.O. 2007, c.8 s. 23.	CO #001	2012_027192_0001	141
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Issued on this 9th day of August, 2012

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

A handwritten signature in cursive script, appearing to read "Charles M. Kelly", written in black ink within a rectangular box.