



**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
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 6, 2013	2013_190159_0004	H-001636- 12	Complaint

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 16, 18, 22, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Food Service Manager, Personal Care Aides(PCA), Registered Nurses, Registered Practical Nurses, and residents.

During the course of the inspection, the inspector(s) toured the home, reviewed medical records and plans of care of identified residents and observed provision care.

The following Inspection Protocols were used during this inspection:



Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
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.)	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 O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :



1. The licensee did not ensure that residents are bathed at a minimum twice a week by a method his or her choice including tub baths, showers and full sponge body wash and more frequently as determined by residents hygiene requirements unless contraindicated by a medical condition. (Reg. 79/10, s. 33 (1))

For resident #3 plan of care stated resident to receive a shower once a week on Wednesday. The Resident Assessment Protocol(RAP)completed December 2012 indicated "most of the time refused shower which has to be given on Wednesday and Saturday AM" The Daily Flow sheet indicated the resident received one shower a week in January 2013, and there was no documentation to support offer of a second shower per week or refusal by resident. Staff confirmed resident was not offered and did not receive a shower twice a week. [s. 33. (1)]

2. The plan of care for Resident #1 indicated a shower twice per week, however, documentation in the daily flow sheets for December 2012 and January 2013 review, staff and resident interview confirmed the resident did not receive a shower on two scheduled days in December 2012 and one scheduled day in January 2013 within a two week period.[s.33.(1)]

3. The plan of care for Resident #2 indicated a shower twice a week, however, record review for January 2013 and staff interview confirmed the resident did not receive a shower on two scheduled days during a two week period. [s. 33. (1)]

4. The plan of care for resident # 4 indicated a shower twice a week; however, record review and staff interview confirmed that the resident did not receive a shower on one scheduled day in one week period.

There was no documentation to support that make up showers for the identified resident # 1, 2 and 4 were provided [s. 33. (1)]



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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 residents are bathed at a minimum twice a week by a method his or her choice including tub baths, showers and full sponge body wash and more frequently as determined by residents hygiene requirements unless contraindicated by a medical condition, to be implemented voluntarily.

Issued on this 11th day of February, 2013

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

ASHA SENGAL