



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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 17, 21, 22, 24, 29, 30, Dec 1, 2, 6, 8, 20, 2011	2011_064167_0021	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

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

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

MARILYN TONE (167)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the identified resident, the Director of Care, the Administrator, the registered staff on the resident's unit related to Complaint # H-002197-11

During the course of the inspection, the inspector(s) conducted a review of the identified resident's health record, reviewed the home's policies and procedures related to continence care and bowel management.

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



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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. 87. Housekeeping

Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,
 - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
 - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
- (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
 - (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
 - (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
 - (iii) contact surfaces;
- (c) removal and safe disposal of dry and wet garbage; and
- (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to address incidents of lingering, offensive odours within the home.

During a tour of two rooms at the home, it was noted that there was a very strong odour of urine in the bathrooms of these rooms and this odour was noted to permeate the bedroom portion of the residents' rooms as well and the hallway outside of the rooms.

Methods used by the home to control the the odour have not been effective.

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 incidents of lingering offensive odours in the home are addressed, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following subsections:

s. 51. (2) Every licensee of a long-term care home shall ensure that,

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
 - (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
 - (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
 - (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
 - (e) continence care products are not used as an alternative to providing assistance to a person to toilet;
 - (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
 - (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
 - (h) residents are provided with a range of continence care products that,
 - (i) are based on their individual assessed needs,
 - (ii) properly fit the residents,
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
 - (iv) promote continued independence wherever possible, and
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence.
- O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. (2) b. The plan of care for the identified resident does not include individualized interventions to manage their bladder continence based on their continence assessment.

The plan of care for the identified resident directs staff to check for wetness on rounds during the night. The plan of care does not give any direction to staff related to the frequency of continence care/brief changes/toileting during the day and evening shifts.

The identified resident's plan of care does not provide any direction related to their hygiene needs after each incontinence episode.

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 each resident who is incontinent has an individualized plan, as part of his or her plan of care to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



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1. The licensee did not ensure that any actions taken related to follow up reassessments of the identified resident were documented after an incident that occurred that resulted in the need to transfer the resident to hospital two days later.

It was noted in the progress notes for the identified resident that the resident was choking while eating their food during a meal. The resident became flushed and disorientated.

Interviews with registered staff at the home indicated that the resident did not demonstrate any further ill effects from the incident at that time. Interviews conducted by the home with staff who worked between the day of the incident and the day when the resident was transferred to hospital confirmed that the resident was monitored and reassessed and that information was passed on at the shift report. Staff confirmed that the resident's vital signs were taken on the three shifts following the incident but that this information was not documented on the resident's health file. Staff also confirmed that the resident had appeared stable until the day of transfer to hospital when the resident suddenly stated to experience trouble breathing.

There was no follow up documentation on the resident's health file to indicate that any monitoring or reassessment activities took place between the time when the incident of choking took place until the resident's condition deteriorated and they required transfer to hospital.

Additional Required Actions:

IPC - 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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
Specifically failed to comply with the following subsections:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee did not ensure that the floors in resident rooms floors were kept clean.

It was noted during a tour of three rooms at the home that the floors in these resident rooms including the bathrooms were very soiled and sticky. These rooms were checked again at 1500 the same day and it was noted that although the floors had been mopped, there was still visible dirt around the perimeter of the resident rooms and bathroom floors and in the corners. It was also noted that there was a buildup of dirt on the caulking around the toilets in the bathrooms. Methods used by the home to maintain the cleanliness of the floors in these residents' rooms and caulking around toilets have not been effective.

2. The licensee did not ensure that the home was maintained in a good state of repair.

During a tour of rooms three rooms at the home, it was noted that the floors in the bathrooms under the sinks were lifting and in a poor state of repair.

There was significant wall damage to the door frames in these rooms and other portions of the walls in the bathrooms and bedrooms.



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Issued on this 12th day of January, 2012

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

Marilyn Lowe