



**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
prévues 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
conformité**

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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
Jul 29, Aug 9, 10, 23, Sep 29, Oct 11, 12, 2011	2011_080189_0011	Critical Incident

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

**HAWTHORNE PLACE CARE CENTRE
2045 FINCH AVENUE WEST, NORTH YORK, ON, M3N-1M9**

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

NICOLE RANGER (189)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Social Worker,
Business Manager, Registered Staff, VP of Finance, Resident**

**During the course of the inspection, the inspector(s) Review Resident records
Conducted walk through of common areas**

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Trust Accounts

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. 241. Trust accounts
Specifically failed to comply with the following subsections:

s. 241. (4) No licensee shall,

- (a) hold more than \$5,000 in a trust account for any resident at any time;
- (b) commingle resident funds held in trust with any other funds held by the licensee; or
- (c) charge a resident, or a person acting on behalf of a resident, a transaction fee for withdrawals, deposits, or anything else related to money held in trust. O. Reg. 79/10, s. 241 (4).

s. 241. (10) The licensee shall have every trust account established under subsection (1) audited annually,

- (a) by a public accountant licensed under the Public Accounting Act, 2004; or
- (b) in the case of a municipal home or a joint home approved under Part VIII of the Act, by the municipal auditor who audits the books of account and ledgers of the home. O. Reg. 79/10, s. 241 (10).

Findings/Faits saillants :

1. As of August 5, 2011 five residents have trust account that exceed \$5000
2. The home does not have any record of a 2010 trust account audit.
Amended on September 29, 2011

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

3. Unlawful conduct that resulted in harm or a risk of harm to a resident.

4. Misuse or misappropriation of a resident's money.

5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Findings/Faits saillants :

On June 12, 2011, home was aware of an incident of misuse and misappropriation of a resident's money. MOHLTC was not notified of the incident until July 11, 2011.

Licensee did not immediately report to the Director of becoming aware of the alleged misuse and misappropriation of a resident's money.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 104. Licensees who report investigations under s. 23 (2) of Act

Specifically failed to comply with the following subsections:

s. 104. (2) Subject to subsection (3), the licensee shall make the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director. O. Reg. 79/10, s. 104 (2).

Findings/Faits saillants :

On June 12, 2011, home was aware of an incident of misuse and misappropriation of a resident's money. MOHLTC was not notified of the incident until July 11, 2011.

Licensee did not report to the Director within 10 days of becoming aware of the alleged misuse and misappropriation of a resident's money.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee did not protect resident from financial abuse. Corporate staff member misused and misappropriated a resident's money.



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Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 19th day of October, 2011

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

A handwritten signature in black ink, appearing to read "Nicole Tang", written over a white background within a rectangular box.

**Ministry of Health and Long-Term Care**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**Ministère de la Santé et des Soins de longue durée**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	☒ Public Copy/Copie du public	AMENDED ORDERS	
Name of Inspector:	Nicole Ranger	Inspector ID #	189
Log #:	T-1536-11		
Inspection Report #:	2011_080189_0011		
Type of Inspection:	Critical Incident		
Date of Inspection:	July 29, August 9, 10, 23, September 29, 2011		
Licensee:	Rykka Care Centres LP 50 Samor Road, Suite 205, Toronto, Ontario, M6A 1J6		
LTC Home:	Hawthorne Place Care Centre		
Name of Administrator:	Christine Murad		

To Rykka Care Centres LP, you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O.Reg 79/10, s. 241. (4) No licensee shall, (a) hold more than \$5,000 in a trust account for any resident at any time; (b) commingle resident funds held in trust with any other funds held by the licensee; or (c) charge a resident, or a person acting on behalf of a resident, a transaction fee for withdrawals, deposits, or anything else related to money held in trust. O. Reg. 79/10, s. 241 (4).			
Order: The Licensee shall take whatever action is necessary to ensure that resident trust accounts hold no more than \$5000.			
Grounds: As of August 5, 2011, five residents have trust account that exceed \$5000 (189)			
This order must be complied with by:		October 31, 2011	

**Ministry of Health and Long-Term Care**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**Ministère de la Santé et des Soins de longue durée**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O.Reg 79/10, s. 241. (10) The licensee shall have every trust account established under subsection (1) audited annually, (a) by a public accountant licensed under the Public Accounting Act, 2004; or (b) in the case of a municipal home or a joint home approved under Part VIII of the Act, by the municipal auditor who audits the books of account and ledgers of the home. O. Reg. 79/10, s. 241 (10).			
Order: The Licensee shall have every trust account established under subsection (1) of O.Reg 79/10, s. 241, audited for the 2010 year by a public accountant licensed under the Public Accounting Act, 2004. This audit shall be completed by November 30th, 2011. Amended on September 29, 2011			
Grounds: The home does not have any record of a 2010 trust account audit. Amended on September 29, 2011(189)			
This order must be complied with by:		November 30 th , 2011	

Order #:	003	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).			
Order: The Licensee to submit a plan to ensure there is a system in place to ensure all residents are protected from financial abuse. The plan is to include measures to monitor inappropriate staff to resident interactions in regards to resident financial accounts. This plan is to be submitted to the inspector by September 30th, 2011.			
Grounds: The licensee did not protect resident from financial abuse. Corporate staff member misused and misappropriated a resident's money. (189)			
This order must be complied with by:		September 30 th , 2011	

**Ministry of Health and Long-Term Care**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**Ministère de la Santé et des Soins de longue durée**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**REVIEW/APEAL INFORMATION****TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order 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 or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

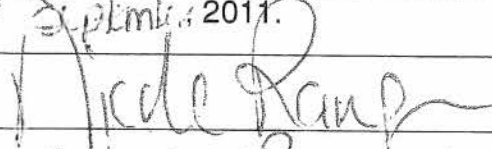
The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Amended on this ^{4th} 29 day of September 2011.	
Signature of Inspector:	
Name of Inspector:	Nicole Ranger
Service Area Office:	Toronto