



**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**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
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130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 8, 2015	2015_254610_0011	002801-15	Complaint

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### **Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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### **Long-Term Care Home/Foyer de soins de longue durée**

BANWELL GARDENS  
3000 BANWELL ROAD P. O. BOX 3246 TECUMSEH ON N8N 2M4

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

NATALIE MORONEY (610)

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## Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): March 10,11,12,2015**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing and Resident Care, Assistant Director of Nursing and Resident Care, Clinical Project Nurse, four Housekeeping Aides, Maintenance Manager, three Registered Nurses, three Registered Practical Nurses, 6 Personal Support Workers, Residents and Visitors.**

**During this course of inspection, the inspector toured home area, observed resident care services, resident/staff interactions, posting of required information, housekeeping services, reviewed resident health care records, meeting minutes, staff education, and relevant policy and procedures.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping  
Personal Support Services**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)  
2 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping  
Specifically failed to comply with the following:**

**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,**  
**(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that housekeeping procedures were implemented for addressing incidents of lingering offensive odours as previously issued on June 2, 2014 L-000590-14 with a written notification of non-compliance and a voluntary plan of correction.

A) Inspection findings revealed that on all three days an identified room had a strong odour that lingered into the hallway despite the cleaning initiatives to remove the odour.

B) There was a large stained area of the floor that appeared to be a dried liquid substance. A staff member confirmed that the flooring was starting to come apart when stripping the floor to remove the stains.

C) On all three days the floor in an identified room was sticky to walk on posing as a safety risk to staff and residents safety when walking on the floor.

D) Management and three staff members confirmed that initiatives tried to date have not been successful in removing the odour.

Confirmation from the Administrator and Environmental Service Manager that they are aware of the current lingering offensive odour and that the remedial cleaning initiatives are not resolving the odour.

Administrator confirms that it is the homes expectation to address the incidents of lingering offensive odours. [s. 87. (2) (d)]

***Additional Required Actions:***

***CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**



**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that every resident has the right to live in a safe and clean environment.

(A) During the inspection of a complaint regarding clutter the inspection showed that the hallway on the right hand side of the 4th and 5th hall had items such as a hooyer lift, dirty utility carts, clean utility carts, and moving carts. Residents are not able to hold on to the railing on the right side of the hallway due to the equipment and clutter posing a risk to resident safety.

(B) Hallway #5 exit had cigarette butts outside the door as well as confirmed fecal substance. There was a towel on the ground to cover the fecal substance. Registered staff confirm this occurs frequently, and the home is trying to manage this issue with interventions in place.

(C) The inspector was reviewing a complaint of mold in the shower rooms. The inspection showed that in shower room 4a a dining room chair with a hard brown substance on the seat was in the shower room and that there were two broken shower head holders in the shower area.

(D) One residents room had items such as Hydrating Gel, Cleanser, Cavillion, Infozinc, Toothbrush, and Toothpaste in a plastic cup on the nightstand. The shared bathroom had two wash basins on top of a bed pan that were all on the floor. The bathroom handle was broken on the door to enter the bathroom and the door could not latch to be closed tight.

(E) It was noted in one residents room had a full urinal attached to the bed side rail with a soiled towel on the floor next to the bed rail. Inspector noted the floor to be wet and sticky on all three days posing a risk to resident and staff safety.

The Maintenance/Housekeeping Manager confirmed that the chair in the shower room



was inappropriate and the chair was removed. He also confirmed that the shower heads should be on the shower head holders and was unaware at the time that they were broken. Confirmation from the Maintenance/Housekeeping Manager showed that shower room 4a did have mold, that the mold had been removed and was no longer an issue. The Maintenance/Housekeeping Manager confirmed that it is housekeeping responsibility and part of the housekeeping job description to clean the grounds outside of the building this includes all entrances.

The Administrator confirmed that it is the homes' expectation that the residents have the right to live in a clean and safe environment. [s. 3. (1) 5.]

***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 every resident has the right to live in a safe and clean environment, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system put in place is complied with as evidenced by:

A review of the Smoking Policy HS J-40- September 2,2014 indicates:

1. Smoking is permitted outside the home 9 feet from any entrance.
2. Resident and staff are permitted to smoke outside only in outside designated area(s). All cigarettes and lighters for residents are to be locked up by the registered staff.

Inspection findings indicate that resident(s) and staff have been smoking outside the hall entrance.

Inspector noted a person smoking at the hall entrance door and several cigarette butts on the ground at this entrance door.

The Administrator, Environmental Services Manager, Registered Nursing Staff and Housekeeping staff confirmed the home's policy is not being followed and the expectation is the policy is to be complied with.

Confirmation from Administrator is that staff, visitors and residents, will smoke 9 feet from the home and that they cooperate with the homes smoking policy and the smoking bylaws.

The Administrator and Environmental Service Manager confirmed that they do not have a designated area for residents to smoke and that the homes expectation is that they will have a smoking area designated for residents to smoke 9 feet from the building. [s. 8. (1)]

***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 that the smoking policy is complied with, to be implemented voluntarily.***



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**Issued on this 9th day of April, 2015**

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

**Original report signed by the inspector.**



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

**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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**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**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** NATALIE MORONEY (610)

**Inspection No. /**

**No de l'inspection :** 2015\_254610\_0011

**Log No. /**

**Registre no:** 002801-15

**Type of Inspection /**

**Genre**

Complaint

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Apr 8, 2015

**Licensee /**

**Titulaire de permis :** REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,  
ON, L5R-4B2

**LTC Home /**

**Foyer de SLD :**

BANWELL GARDENS  
3000 BANWELL ROAD, P. O. BOX 3246, TECUMSEH,  
ON, N8N-2M4

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Tanya Adams

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To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and  
Long-Term Care**

**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

**Ministère de la Santé et  
des Soins de longue durée**

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de l'article 154 de la *Loi de 2007 sur les foyers  
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**Order(s) of the Inspector**

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section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**

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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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<b>Order # /</b> <b>Ordre no :</b> 901	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (a)
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**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

**Order / Ordre :**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

The Licensee must implement a corrective solution to achieve compliance with the LTCHA, 2007 O. Reg. 79/10, s. 87 (2) (d) in addressing incidents of lingering offensive odours.

A corrective solution must be achieved for compliance in addressing incidents of lingering offensive odours for this room.

Please submit the corrective solution, in writing, to Natalie Moroney, Long Term Care Homes Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th Floor, London Ontario, N6A 5R2, by email [natalie.moroney.ca](mailto:natalie.moroney.ca) by May 29, 2015.

**Grounds / Motifs :**



**Ministry of Health and  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

1. 1. The licensee has failed to ensure that housekeeping procedures were implemented for addressing incidents of lingering offensive odours as previously issued on June 2, 2014 L-000590-14 with a written notification of non-compliance and a voluntary plan of correction.

A) Inspection findings revealed that on all three days an identified room had a strong odour that lingered into the hallway despite the cleaning initiatives to remove the odour.

B) There was a large stained area of the floor that appeared to be a dried liquid substance. A staff member confirmed that the flooring was starting to come apart when stripping the floor to remove the stains.

C) On all three days the floor in an identified room was sticky to walk on posing as a safety risk to staff and residents safety when walking on the floor.

D) Management and three staff members confirmed that initiatives tried to date have not been successful in removing the odour.

Confirmation from the Administrator and Environmental Service Manager that they are aware of the current lingering offensive odour and that the remedial cleaning initiatives are not resolving the odour.

Administrator confirms that it is the homes expectation to address the incidents of lingering offensive odours. [s. 87. (2) (d)] (610)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** May 29, 2015



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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**REVIEW/APPEAL 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 services for the Licensee.

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

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



**Ministry of Health and  
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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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
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](http://www.hsarb.on.ca).



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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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de l'article 154 de la *Loi de 2007 sur les foyers  
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 8th day of April, 2015**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :** Natalie Moroney

**Service Area Office /  
Bureau régional de services :** London Service Area Office