



**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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**Public Copy/Copie du public**

<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>
Jul 23, 2015	2015_349590_0027	007852-15	Complaint

**Licensee/Titulaire de permis**

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

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

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

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

ALICIA MARLATT (590)

**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): June 29, 2015**

**This complaint was regarding falls prevention.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, a Registered Practical Nurse, a Personal Support Worker and two family members of a Resident.**

**During the course of the inspection, the inspector(s) reviewed one resident's clinical record and the homes Restraint policy.**

**During the course of the inspection, the inspector(s) observed a resident in their wheelchair for interventions currently in place.**

**The following Inspection Protocols were used during this inspection:  
Minimizing of Restraining**

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

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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>

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**WN #1: 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:**

**19. Every resident has the right to have his or her lifestyle and choices respected.  
2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that every resident has the right to have his or her lifestyle and choices respected.

Resident #001 had sustained several falls since their admission to the home. This resident is unable to participate in the development and implementation of their plan of care; they do have a Power of Attorney (POA) to assist in making decisions for them. The POA has requested the use of a specific assistive device for the resident's safety and falls prevention.

Resident #001 was observed by the inspector not wearing the requested assistive device. Interviews with direct care staff revealed that the assistive device is not being used for this resident. Review of the clinical record revealed that the assistive device is not a part of this resident's plan of care. The Administrator confirmed that the assistive device is not being applied and is not included in this resident's plan of care.

The home has had discussions with the family in regards to the risks with the use of the requested assistive device; however there has been no assessment completed to determine if the use of this assistive device would be either detrimental or beneficial for this resident. The POA continues to request the home use an assistive device, however the home is not doing so. [s. 3. (1) 19.]

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**Issued on this 23rd day of July, 2015**

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

**Original report signed by the inspector.**