



**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 prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 3, 2019	2019_791739_0015	010420-19	Complaint

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Banwell Gardens Care Centre
3000 Banwell Road TECUMSEH ON N8N 2M4

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

JULIE DALESSANDRO (739)

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): May 29, 30, and 31, 2019.

Log # 010420-19 / IL-67017-LO related to sufficient staffing.

During the course of the inspection, the inspector(s) spoke with Registered Practical Nurse(s), Registered Nurse(s), the Resident/Staff Services Coordinator, the Director of Nursing, and The Executive Director.

During the course of this inspection the inspector(s) also conducted record reviews relevant to this inspection.

**The following Inspection Protocols were used during this inspection:
Sufficient Staffing**

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there was an allowable exception to this requirement.

An anonymous complaint was submitted to the Ministry of Health and Long-Term Care INFO Line on a specific date, Log # 010420-19 / IL-67017-LO. The complainant stated that there have been times where the home did not have a Registered Nurse available in the building.

Record review of the home's staffing schedule for a specific time frame showed that on a specific date there was a Registered Nurse (RN) scheduled however, this RN did not show up for their shift as scheduled.

During an interview by Inspector #739 with the Resident Staff Service Coordinator #100 on May 29, 2019, they indicated that the RN scheduled for the shift on a specific date did not show up and that two Registered Practical Nurses (RPN's) were called in and the Director of Care (DOC) #102 worked the shift with two extra RPN's in the home.

During an interview by Inspector #739 with DOC #102, on May 29, 2019, they stated that on a specific date they stayed at the home as the Registered Nurse on duty until a specific time and then went home and was on-call for the remainder of the shift, which was three and a half hours later. DOC #102 stated that there was no RN in the building during this time.

During an interview with Executive Director (ED) #103 on May 30, 2019, they indicated that the home had called in two RPN's to work the shift on this specific day with an RN in the building until a specific time and then on-call by phone for the remainder of the shift.

ED #103 acknowledged that that the Act and Regulation states that an RN is to be in the building 24 hours a day and this did not occur on this specific day.

The licensee has failed to ensure that there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff on duty during this specific shift. [s. 8. (3)]



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 there is at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception to this requirement, to be implemented voluntarily.

WN #2: 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 has failed to ensure that where a licensee of a long-term care home has, institutes or otherwise puts in place any plan, the licensee is required to ensure that the plan is in compliance with and is implemented in accordance with all applicable requirements under the Act.

The Long-Term Care Homes Act states, "every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3)".

During the course of the inspection a record review of the home's staffing plan for nursing staff and personal support staff was conducted. The outcome of this review revealed that the staffing plan did not provide for 24 hour nursing coverage in the home.

Record review of the home's document titled "Contingency Staffing Plan for Nursing and Personal Support Staff Shortages" indicated in the third step that if no Registered Nurse (RN) was available during non-business hours and if the Director of Care (DOC) was not available via telephone the home was to utilize two Registered Practical Nurses (RPN's) with an RN available via telephone.

During an interview with (DOC) #103 on May 29, 2019, they stated that when making calls to replace RN shifts the home would have gone through the regular call in procedures and called in RN's for straight time and then go to overtime from there. Failing that, they would have tried to bring in two RPN's if they could not get an RN to cover the shift and the DOC or another RN would have been on-call by phone but not in the building.

During an interview with ED #104 on May 20, 2019 they acknowledged that step three of the home's staffing plan for nursing and personal support services indicated that if no RN was available during non-business hours and if the DOC was not available via telephone, the home was to utilize two RPN's with an RN available via telephone. ED #104 recognized that this did not meet the requirements of the legislation.

ED #104 acknowledged that step three of the home's staffing plan for nursing staff and personal support staff shortages did not include 24 hour RN coverage in the home. [s. 8. (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 where a licensee of a long-term care home has, institutes or otherwise puts in place any plan, the licensee is required to ensure that the plan,
(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act. O. Reg. 79/10, s. 8 (1), to be implemented voluntarily.***

Issued on this 3rd day of June, 2019

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

Original report signed by the inspector.