

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775
londondistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: January 17, 2023	
Inspection Number: 2022-1061-0002	
Inspection Type: Complaint Critical Incident System Follow up	
Licensee: Rykka Care Centres LP	
Long Term Care Home and City: Banwell Gardens Care Centre, Windsor	
Lead Inspector Cassandra Taylor (725)	Inspector Digital Signature Cassandra L Taylor <small>Digitally signed by Cassandra L Taylor Date: 2023.01.20 14:38:10 -05'00'</small>
Additional Inspector(s) Julie D'Alessandro (739)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
December 12 -16, 20-23, 2022, and January 3 and 4, 2023.

The following intake(s) were inspected:

- Intake: #00001304 – Follow up relating to Inspection #2022_1061_0001, CO #002, s. 102(8), IPAC, CDD July 4, 2022
- Intake: #00001305 - Follow up relating to Inspection #2022_1061_0001, CO #001, s.6(4)a, plan of care, CDD June 16, 2022
- Intake: #00002631- Complainant relating to allegations of abuse and neglect.
- Intake: #00009215- Complainant relating to allegations of abuse and neglect, skin and wound care, cleanliness of the home and complaints process.
- Intake: #00012080 - Complainant relating to complaints process, allegations of abuse and neglect, medication administration and cleanliness of the home.
- The following intakes were completed in this inspection: Intake #00001886, Critical Incident (CI) #2263-0000010-22, Intake #00003931, CI#2263-000009-22, and Intake #00013253, CI#2263-000028-22 were related to falls.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2022-1061-0001 related to LTCHA, 2007 S.O. 2007, c.8, s. 6 (4) (a) inspected by Cassandra Taylor (725)

Order #002 from Inspection #2022-1061-0001 related to O.Reg. 246/22, s. 102 (8) inspected by Cassandra Taylor (725)

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

- Infection Prevention and Control
- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Skin and Wound Prevention and Management
- Prevention of Abuse and Neglect
- Medication Management
- Reporting and Complaints
- Falls Prevention and Management
- Responsive Behaviours

INSPECTION RESULTS

Non-Compliance Remedied

Non-Compliance was found during this inspection and was remedied by the Licensee prior to the conclusion of the inspection. The Inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC #001 Remedied pursuant to FLTCA, 2021, s. 154 (2).

Non-compliance with: O.Reg. 246/22, s. 274 (b)

The licensee failed to ensure that resident # 004's records were kept up to date at all times.

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A resident received a physician order for a specific medication treatment. Review of the Electronic Medication Administration Record (EMAR) indicated that the Registered Nurse (RN) had put in the order. The order for the medication had been put in twice, one entry was for a specific dose and the other was for a different specific dose at which time both entries were signed as given by the RN.

The RN completed a Medication Incident Record (MIR) after the Inspector inquired about the medication records. One of the specific doses did not exist for the medication, the order was transcribed incorrectly, and the RN did not strikeout the record.

Sources: Resident's records and MIR.

Date Remedy Implemented: Dec 30, 2022.

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WRITTEN NOTIFICATION: Skin and Wound**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O.Reg. 246/22, s. 55 (2) (b) (i)

The licensee failed to ensure that a resident, who was exhibiting impaired skin integrity, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Rational and Summary

A progress note indicated that a resident presented with altered skin integrity. Another progress note indicated the altered skin integrity had resolved 4 weeks later.

The home's Skin and Wound Assessment policy, described that wounds included but were not limited to: Pressure/Venous/Arterial, Surgical, Bruises, Abrasions, Skin Tears, Rash, Diabetic, and Cancer Lesion. During an interview with the RN and Director of Care (DOC) they both stated that they would have considered the resident to have had altered skin integrity.

Record review of the residents Skin and Wound assessment tab in Point Click Care (PCC) did not contain weekly assessments of the resident's area of impaired skin integrity.

The DOC acknowledged that weekly assessments for the resident's area of impaired skin integrity were not completed and stated that they should have been completed by a member of the registered staff until the area was healed.

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Sources: Progress Notes from PCC, the home's skin and wound policy, and interviews with the RN and the DOC.

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WRITTEN NOTIFICATION: Medication Management System

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 138 (1) (a) (ii)

The licensee failed to ensure that medications for a specific resident were stored in an area used exclusively for drug storage and that the area was secured and locked.

Rational and Summary

A progress note from a specific date stated in part that, the Personal Support Worker (PSW) and the RN found several medications in the resident's room.

During an interview with the PSW and the RN they stated that they found the medication while tidying up the resident's room. The RN stated that they found the medication in clear medication cups and gave it to the Registered Practical Nurse (RPN) right away.

During an interview with the Assistant Director of Care (ADOC) they stated that they were aware that medication was found in the resident's room and that the expectation would have been that medication not be left with a resident and that medication was to be stored in a medication cart that was locked.

Sources: Progress notes from PCC and interviews with the PSW, RN, and ADOC.

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WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee failed to report an allegation of abuse for a specific resident.

Rational and Summary

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On a specific date, a progress note was written by an RPN, indicating that a resident informed the RPN of an alleged incident of abuse. The RPN reported the incident to the RN. The RN could not recall the incident but indicated they would have notified the on-call manager. No Critical Incident (CI) report was submitted to the Ministry of Long-term Care (MLTC) relating to this allegation. The Executive Director indicated a report should have been submitted and an investigation completed.

Sources: The resident's progress notes, Staff interviews with the RPN, RN and ED.
[725]

WRITTEN NOTIFICATION: Responsive Behaviours

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 58 (1) 2.

The licensee failed to ensure written interventions were in place to prevent, minimize and respond to responsive behaviours for a specific resident.

Rational and Summary

A resident was observed in a specific situation. During staff interviews with the PSW, and two RPNs all indicated that the resident often had specific responsive behaviours. The RPNs both indicated noted behaviours, triggers and interventions used to manage the resident's behaviours. Review of resident's plan of care did not include these interventions. The RPN and the DOC both indicated the interventions should have been listed in the resident plan of care

Sources: Resident's plan of care and staff interviews with the PSW, RPNs and DOC.
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COMPLIANCE ORDER CO #001 Specific Duties re Cleanliness and Repair

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically the licensee must;

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1. The Director of Care or the Environmental Services Manager (ESM) or designate will complete a daily audit to ensure all tub and shower rooms are kept clean and sanitary, ensuring that the audits provide for a mix of days and afternoons when bathing is provided. The audits will continue until an inspector from the MLTC complies the order.
2. The audits must include but are not limited to: who is completing the audit, the date and time the audit was completed, which area, and if it was an audit after general cleaning or deep cleaning.
3. Keep a record of all audits and any deficiencies found and any corrective actions taken.
4. Ensure all shower and tub chairs are deep cleaned and where staining remains padding is replaced.
5. Keep a record of when deep cleaning occurred and any required replacements.

Grounds

The licensee failed to ensure that all the tub and shower rooms in the home were kept clean and sanitary.

A complaint was submitted to the MLTC relating to the cleanliness of the home's tub and shower rooms. On a specific date, observations were made of all tub and shower rooms in the home.

The two-hall shower room was observed. On observation the room contained 3 showers separated by walls and covered with a shower curtain at the entrance of each shower. The furthest shower had dried feces on the floor next to the shower chair. There was also a dried brown splatter on the wall next to the toilet.

The four-hall shower room was observed. On observation there was a strong odour of mold and mildew, the tile from the base to halfway up the walls was covered in a dark mold or mildew like growth, the shower chair had yellow and brown staining.

The six-hall tub and shower room was observed. On observation there was a brown stain that appeared to be feces smeared on the floor next to the tub, the scale in front of the tub had a large dried brown splatter mark and the scale across from the tub had a dried brown stain or spill spot. At the entrance to the shower room there was a large brown dried spill spot. In the left shower room, there were multiple circular rust stains on the floor as well as dried feces, the base caulking also appeared to have mildew present. The shower chair in the right shower room was visibly soiled with a large white substance.

The DOC toured all 3 shower and tub rooms with the Inspector, the DOC confirmed that the rooms were not clean or sanitary.

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On a different date, an observation of the two-hall shower room was made where the middle shower was observed to have feces smeared along the baseboard. The ADOC confirmed the shower was not clean or sanitary.

The DOC and the ESM both indicated it would be the expectation that all shower and tub rooms are cleaned after use by the PSW staff and daily by the housekeeping staff.

Sources: Observations of the shower and tub rooms, interviews with the DOC, ADOC and ESM.
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This order must be complied with by
March 9, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP 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, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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