



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la performance du
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 3, 2010	2010-190-2263-03Nov112113	Complaint Log # 01593
Licensee/Titulaire		
Revera Long Term Care Inc. 55 Standish Court, 8 th Floor, Mississauga, ON L5R 4B2		
Long-Term Care Home/Foyer de soins de longue durée		
Banwell Gardens 3000 Banwell Road, Tecumseh, ON N8N 2M4		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Sandra Fysh (#190)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to personal care. During the course of the inspection, the inspector spoke with the Administrator, the Director of Care, the RAI Coordinator, RN's, PSW's. During the course of the inspection, the inspector reviewed clinical records for one resident, reviewed policies and procedures related to oral care and observed staff practices and interactions with residents. The following Inspection Protocols were used in part or in whole during this inspection: • Personal Support Services ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN		

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régleur envoyé
CO – Compliance Order/Ordre de conformité
WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O.Reg.79/10,s.34(1)(a) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes, mouth care in the morning and evening, including the cleaning of dentures;

Findings:

1. The plan of care notes a resident has dentures and that staff are to ensure the dentures are in place.
2. The progress notes indicate that the resident may refuse to have dentures removed and cleaned.
3. There are no interventions listed to assist the resident with removing and cleaning dentures.
4. There are no interventions listed to instruct staff on different approaches if the resident refuses to remove dentures for cleaning.
5. Visual inspection of resident's mouth was conducted by inspector. Particles of food were evident in mouth and breath was noted to be odorous.

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WN #2: The Licensee has failed to comply with O.Reg.79/10,s.231(b) Every licensee of a long-term care home shall ensure that, (b) the resident's written record is kept up to date at all times.

Findings:

- 1 The documentation for oral care is not complete. There are several entries missing, specifically November 2nd day and evening, October 31st evening, October 28th evening, entire week of October 21st – 27th no documentation.

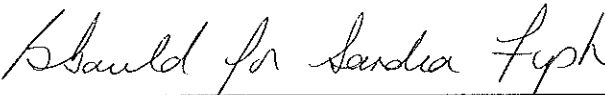
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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		Nov. 16, 2010	