

**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

## Amended Public Report Cover Sheet (A1)

<b>Amended Report Issue Date:</b> July 21, 2025
<b>Original Report Issue Date:</b> May 1, 2025
<b>Inspection Number:</b> 2025-1061-0004 (A1)
<b>Inspection Type:</b> Complaint
<b>Licensee:</b> Kindera Living Care Centres LP by its general partners, Kindera Living Care Centres GP Inc. and Kindera Living Management Inc.
<b>Long Term Care Home and City:</b> Banwell Gardens Care Centre, Windsor

## AMENDED INSPECTION SUMMARY

This report has been amended to:  
Compliance Order #001 related to FLTCA, 2021, s. 19 (2) (a) issued on May 1st, 2025 was amended on July 21, 2025 to include an AMP that was not previously issued

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## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: April 14 -16, April 25, April 28 - 30, and May 1, 2025.

The following intakes were inspected:

- Intake: #00143441- Complaint related to alleged abuse and neglect
- Intake: #00144071 - Complaint related to alleged abuse and neglect

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

Housekeeping, Laundry and Maintenance Services  
Prevention of Abuse and Neglect

## AMENDED 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. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that the four-hall shower room with a non-residential storage area inside was locked. The shower room had a sharps container accessible on the counter and in the storage area. The storage room door was observed to be locked and the sharps container was removed the following day. Sources: observations of the four-hall shower room, interview with staff

Date Remedy Implemented: April 29, 2025

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**COMPLIANCE ORDER CO #001 Accommodation services**

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 19 (2) (a)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary;

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

The licensee must:

1. Ensure all tub and shower rooms are kept clean and sanitary, including the corners, grout of the tiles, walls of the showers, and where the floor and walls meet.
2. The Director of Care or the Environmental Services Manager or designate will complete a daily audit to address the cleanliness of all tub and shower rooms, ensuring that any shift that completes bathing is included. 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. Review and revise the process for cleaning and sanitizing the shower rooms. Keep a written record of this review, who participated, the date it occurred, any changes made, and how the cleanliness will be maintained.

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**Grounds**

The licensee has failed to ensure that the home, including the shower rooms, were kept clean and sanitary.

After a resident indicated concerns regarding the cleanliness of the shower rooms an observation was completed in 4 and 6 hall shower rooms. In the 4 and 6 hall shower rooms, black buildup was noted in the most of the corners, most grout of the tiles, and on the caulking along the perimeter of the room. Pink discolouration also noted to cover approximately two thirds of the back shower wall in both 4 and 6 hall shower rooms. A staff member confirmed that the condition of the shower rooms had deteriorated quickly and the bacteria had built up quickly. A staff member identified that the current state of the 4-hall shower room was not acceptable for resident use.

Failure to keep shower rooms clean and sanitary posed a risk of residents' well-being and potential infection control issues

Sources: observations, interviews with staff members

**This order must be complied with by**

June 27, 2025

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**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

A CO (HP) was issued to FLTCA, s. 19 (2) (a), on January 17, 2023.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the

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licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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:



**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).