



**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  
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| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|------------------------------------------------|-----------------------------------------------|--------------------------------|----------------------------------------------------|
| Sep 11, 2013                                   | 2013_216144_0063                              | L-000418-13                    | Critical Incident<br>System                        |

**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**

**CAROLEE MILLINER (144)**

**Inspection Summary/Résumé de l'inspection**



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 3, 2013

Resident was not interviewable.

During the course of the inspection, the inspector(s) spoke with the Administrator, one Registered Nurse, two Registered Practical Nurses and two Personal Service Workers.

During the course of the inspection, the inspector(s) reviewed one resident health record and the home's policy related to Pain Assessment and Symptom Management.

The following Inspection Protocols were used during this inspection:  
Falls Prevention

Pain

Findings of Non-Compliance were found during this inspection.

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES |                                       |
|----------------------------------------------|---------------------------------------|
| Legend                                       | Legendé                               |
| WN – Written Notification                    | WN – Avis écrit                       |
| VPC – Voluntary Plan of Correction           | VPC – Plan de redressement volontaire |
| DR – Director Referral                       | DR – Aiguillage au directeur          |
| CO – Compliance Order                        | CO – Ordre de conformité              |
| WAO – Work and Activity Order                | 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 O.Reg 79/10, s. 49. Falls prevention and management**

**Specifically failed to comply with the following:**

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that an assessment was conducted using a clinically appropriate assessment tool that is specifically designed for falls. Three staff confirmed a post-fall assessment was not conducted for one resident. [s. 49. (2)]



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Issued on this 11th day of September, 2013

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

CAROLEE MILLINER.