



**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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 21, 2015	2015_276537_0052	031517-15	Resident Quality Inspection

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP
3200 Dufferin Street Suite 407 TORONTO ON M6A 3B2

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

NANCY SINCLAIR (537), ALICIA MARLATT (590), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): December 1, 2, 3, 4, 7, 8, 9, and 10, 2015

The following Complaint Inspections were conducted concurrently during this inspection:

Log #023614-15

Log #023247-15

Log #033571-15

A Critical Incident Inspection Log #030649-15/CI 2263-000008-14 related to medication administration was conducted.

A Follow-up Inspection, #019612-15 was also conducted during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care(DOC), Assistant Director of Care(ADOC), Food Service Manager (FSM), Dietitian, Environmental Services Manager(ESM), two Registered Nurses, eight Registered Practical Nurses, 11 Personal Support Workers, two Cooks, one Food Service Worker, one Housekeeping Aide, Resident Council representative, Family Council representative, Residents and Families.

During the course of the inspection, the inspector(s) also conducted a tour of all resident areas and common areas, observed residents and care provided to them, meal service, medication passes, medication storage areas, reviewed healthcare records and plans of care for identified residents, reviewed policies and procedures of the home, minutes from meetings and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Sufficient Staffing

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

3 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 87. (2)	CO #001	2015_255516_0018	115

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that equipment in the home was maintained in a good state of repair.

During the inspection, privacy curtains in six identified resident rooms were found to have dried debris, discolouration or stained areas on them.

Two mattresses in two identified resident rooms were found to be worn with the material covering deteriorating.

An observation of resident pillows found 6/12 or 50% of the pillows observed to be cracked, worn or had yellow stains on them.

The home confirmed that privacy curtains and mattresses are checked and carbolized at least monthly per the home's policies titled "General Cleaning Procedures Bed Carbolization - ES C-10-105" and "General Cleaning Procedures Privacy Curtains - ES C-10-95"; however, the policies do not include specific directions related to the process for replacement when curtains and mattresses are worn, stained, or discoloured.

An interview with a housekeeping aide revealed that five rooms are deep cleaned per day, which included checking privacy curtains and carbolizing the mattress. The staff indicated that any stained, worn or soiled equipment should be replaced at that time.

The Environmental Services Manager confirmed a supply of approximately a dozen mattresses were available for use when notified of the need for a mattress to be replaced.

The Administrator indicated that the home used some disposable pillows which were discarded when a resident was discharged. Plastic covered pillows are being phased out when they are worn and replaced with the disposable pillows.

The identified mattresses and pillows were replaced immediately.

The Administrator confirmed that it was the expectation that all resident equipment was maintained in a good state of repair. [s. 90. (2) (b)]

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 procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement

Specifically failed to comply with the following:

s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:

- 1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 3. The use of the PASD has been approved by,**
 - i. a physician,**
 - ii. a registered nurse,**
 - iii. a registered practical nurse,**
 - iv. a member of the College of Occupational Therapists of Ontario,**
 - v. a member of the College of Physiotherapists of Ontario, or**
 - vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).**
- 4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).**
- 5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the use of the PASD (Personal Assistance Services Device) had been consented to by the resident or, if the resident was incapable, a substitute decision-maker of the resident with authority to give the consent.

An identified resident was observed using a PASD. Review of the clinical record for the resident indicated a physician's order for use of the PASD. Review of the care plan for this resident indicated that consent for the use of the PASD was consented to by the Substitute Decision Maker and documented in the progress notes. The documentation of consent as indicated was not able to be found.

The Administrator confirmed that the consent for the use of the PASD was not documented in the progress notes. Further, the Administrator indicated that consent was to be obtained using the home's consent form "Interdisciplinary Restraint Assessment and Consent". Review of the form on the resident clinical record confirmed consent had not been obtained for the PASD. [s. 33. (4) 4.]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that advice of the Family Council was sought when developing and carrying out the satisfaction survey.

An interview with a Family Council member revealed that the satisfaction surveys were completed by Pinnacle, an outside agency contracted by the home.

The Family Council member indicated that the survey was conducted through a telephone interview, but did not recall that the council had the opportunity to provide advice in the development and carrying out of the survey.

A review of the council meeting minutes for 2015 did not reveal that the council had an opportunity to provide advice related to the satisfaction survey.

The Administrator confirmed that Pinnacle was a third party agency contracted by Rykka Care Centres LP to conduct satisfaction surveys for the home, and that the Family Council had not had an opportunity to provide their advice in the development or carrying out of the survey. [s. 85. (3)]

Issued on this 21st day of December, 2015

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

Original report signed by the inspector.