



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 1, 2016	2016_349590_0025	007921-16, 026885-16	Complaint

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

ALICIA MARLATT (590)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 13 - 16, 19 - 23 & 26, 2016.

LSAO log #027047-16/Critical Incident System report #2263-000039-16 was inspected concurrently and was related to falls prevention.

LSAO log #007921-16/IL-43277-LO was related to housekeeping, concerns with a resident's personal care and nutrition and hydration programs.

LSAO log #026885-16/IL-46375-LO and IL-46475-LO was related to falls prevention.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing (DON), the Assistant Director of Nursing (ADN), one Registered Nurse (RN), four Personal Support Workers (PSW) and one family member.

During the course of the inspection, the inspector(s) reviewed four resident clinical records, one Critical Incident Report, three Infoline Complaint Information Reports, relevant policies and procedures related to inspection and observed three resident's and their rooms.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Falls Prevention
Nutrition and Hydration
Personal Support Services**

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).



Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

A review of the intake records for resident's #001, #002 and #003 for a specific two month time period, revealed that the total daily fluid intake in units were not tallied and recorded on a consistent basis.

Resident #001 was missing 31 of 60 required entries on their food, fluid, nourishment consumption report and the total daily fluid intake in units were not tallied or recorded between the two specified months.

Resident #002 was missing 21 of 60 required entries on their food, fluid, nourishment consumption report and the total daily fluid intake in units were not tallied or recorded between the two specified months.

Resident #003 was missing 39 of 60 required entries on their food, fluid, nourishment consumption report and the total daily fluid intake in units were not tallied or recorded between the two specified months.

51% total daily fluid intake in units were not tallied or recorded between the two month time period for these three residents.

The home's policy titled "Resident Hydration", Index I.D: RCS C-40 and last revised September 4, 2013, indicated in the Procedure section that the following were to be completed:

"3. PSW's will document fluid intake for all residents in the Food and Fluid Recording form after each meal and nourishment. This format may be electronic or paper format depending on the home."

During an interview with ADON #115, she indicated that the home was aware of concerns related to documentation on the nutrition records completed after meals by the PSW staff. She confirmed that documentation was incomplete on the records and indicated the PSW staff should be recording the resident's intake after every meal and nourishment. [s. 8. (1) (a),s. 8. (1) (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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident-staff communication response system was easily seen, accessed, and used by residents, staff and visitors at all times.

Resident #004 was observed in their room. The resident was sleeping in their wheelchair at the end of their bed and the call bell was clipped to the comforter near the head of the bed out of reach.

Resident #005 was observed in their room. The resident was sitting in their wheelchair beside their bed by the door. The call bell was located on a chair between the beds in the semi private room.

Resident #001 was observed in their room. The resident was sleeping in their bed and the call bell cord was hanging on the floor out of reach.

During an interview with PSW #117, she witnessed the call bell on the floor and confirmed that all residents should have their call bell in reach so they could call for help when they need the staff.

Review of resident #001's current care plan revealed that the resident was supposed to have their call bell in reach for falls prevention reasons.

In an interview with Administrator #102 she confirmed the home's expectation that all residents should have access to their call bells to call for help if needed. [s. 17. (1) (a)]

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 the resident-staff communication response system is easily seen, accessed, and used by residents, staff and visitors at all times, to be implemented voluntarily.



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Issued on this 1st day of November, 2016

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

Original report signed by the inspector.