



**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**

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

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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 25, 2018	2018_607523_0018	015748-18	Complaint

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

Long-Term Care Home/Foyer de soins de longue durée

Banwell Gardens Care Centre
3000 Banwell Road TECUMSEH ON N8N 2M4

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

ALI NASSER (523)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): July 18, 2018.

This inspection was conducted for complaint intake Log #015748-18, IL-57625-LO related to heat concerns in the home and missing personal items.

During the course of the inspection, the inspector(s) spoke with the Vice President of Operations and Interim Administrator, the Environmental Services Supervisor, three registered staff members, two Personal Support Workers, and one resident.

The inspector(s) also toured the home, observed residents and care provided to them, observed staff-resident interactions. Reviewed clinical records and related policies and procedures.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Laundry**

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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
<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. 20. Cooling requirements
Specifically failed to comply with the following:

s. 20. (1) Every licensee of a long-term care home shall ensure that a written hot weather related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat. O. Reg. 79/10, s. 20 (1).



Findings/Faits saillants :

1. The licensee has failed to ensure that the written hot weather related illness prevention and management plan that meets the needs of the residents was implemented when required to address the adverse effects on residents related to heat.

The Ministry of Health and Long-Term Care (MOHLTC) received a complaint on a certain date whereby the complainant said that the air temperature in the home was too hot.

A review of the homes policy subject: Hot Weather related Illness. Reviewed date: June 11, 2018, showed the following:

1. Procedure number two: " Completing the risk assessment scale will identify high-risk residents, and interventions put in place to minimize the risk of dehydration, and/or heat stroke. The risk assessment will be completed on admission during the hot weather months (May-September) and annually in May for each resident. Each resident's heat risk score will be identified within their care plan. A care plan is developed for each resident based on the outcomes of the risk assessment".

A review of the heat assessment report showed that 40 heat risk assessments were completed in the month of April 2018 and 28 assessments were completed in the month of June 2018.

A specific RPN said in an interview that they took part in completing the heat risk assessments for the residents in the home. The RPN said that they would complete the heat assessments for residents between the months of May and October. RPN said that this included the initial and the annual assessments. RPN was not aware that the annual assessments would need to be completed in May.

2. Procedure number 19:" The air temperature and humidity temperatures are checked twice daily and Humidex levels determined to ensure protocols are put in place as soon as the Humidex reading is 29 Celsius or higher".

A review of the Monthly Hot Weather Related Temperature Log from June 1, 2018, to July 16, 2018, showed that the temperature was documented 463 out of 1380 times (33.5 per cent).

ESM said in an interview that they had not been taking the temperatures recently as the maintenance worker was on vacation.



ESM reviewed the Monthly Hot Weather Related Temperature Log and said that the air temperature was not being completed twice a day and that the home's policy was not being implemented.

3. Procedure number 17: "The home must have a plan in place to respond appropriately to hot weather conditions. This plan needs to be reviewed annually and communicated to staff, families and residents".

Vice President of Operations and Interim Administrator said that they reviewed the plan to respond appropriately to hot weather conditions annually, they said that they did not communicate the plan to families and residents as indicated in the policy.

The Vice President of Operations and Interim Administrator said that the policy of the home was not implemented and the expectation was for the policy of the home to be implemented. [s. 20. (1)]

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 written hot weather related illness prevention and management plan that meets the needs of the residents was implemented when required to address the adverse effects on residents related to heat., to be implemented voluntarily.

Issued on this 25th day of July, 2018

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



**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**

Original report signed by the inspector.