



**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 prévue
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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 3, 2018	2018_538144_0030	004623-18, 008196-18, 019265-18, 025651-18	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

CAROLEE MILLINER (144), ALICIA MARLATT (590)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 24, 25, 26, 27, 28, and 29, 2018.

The following intakes were completed during the inspection:

Intake 004623-18, IL-55840-LO related to the plan of care and prevention of abuse and neglect

Intake 008196-18, IL56578-LO related to nursing and personal support services and personal care

Intake 019265-18, IL-58414-LO related to nursing and personal support services, prevention of abuse and neglect, plan of care , skin and wound care, dealing with complaints and bathing

Intake 025651-18, IL-60142-LO related to transferring and positioning technique, continence care and bowel management, plan of care, infection prevention and control program and skin and wound care

During the course of the inspection, the inspector(s) spoke with four residents, the Executive Director, Director of Care, Assistant Director of Care, the Registered Dietician, Physiotherapist, two Registered Nurses, two Registered Practical Nurses, the Environmental Service Manager, three Personal Service Workers and the Business Office Manager.

During the course of the inspection, the inspectors reviewed four resident clinical records, the Personal Support Worker staffing schedule and call-in records, the annual staffing plan and evaluation, one Client Service Response form and the home's skin and wound and dietary referral policies.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Continence Care and Bowel Management

Hospitalization and Change in Condition

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

Sufficient Staffing



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

4 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification

VPC – Voluntary Plan of Correction

DR – Director Referral

CO – Compliance Order

WAO – Work and Activity Order

Légende

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).

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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is
provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

During review of one complaint, it was noted that the complainant was concerned about a treatment not being provided to one resident as scheduled.

Review of the clinical record for the resident stated that the resident required scheduled treatment.

One Registered Nurse (RN) identified the residents' treatment schedule, where the treatments were documented in the clinical record and that Registered Practical Nurses were responsible for completing the resident treatments.

The treatment administration record for the resident stated that the treatments for the resident were scheduled as identified by the RN.

The RN reviewed the residents' treatment records with the inspector for a specific period of time and noted that treatment had not been completed.

The ADOC and the inspector reviewed the resident treatment records for the same time period as indicated above and noted that one treatment had not been signed as completed.

The ADOC agreed that the treatment for the resident had not been provided as specified in the plan of care. [s. 6. (7)]



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 care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the nursing and personal support services staffing plan included a back-up plan for nursing and personal care staffing that addressed situations when staff could not come to work.

During review of a complaint, the Personal Support Worker (PSW) staffing schedule was reviewed with the Assistant Director of Care (ADOC) for a specific time period.

During review of the PSW schedule for the above time period, it was noted that the home was short approximately 129 PSW hours.

A back-up or contingency plan for nursing and personal care staffing shortages was not available for the inspector's review.

The ADOC shared that when there were PSW staffing shortages, PSW personnel were provided with verbal redirection by registered staff.

The ADOC confirmed that the home had not developed a back-up or contingency plan that addressed nursing and personal care staffing situations when staff could not come to work. [s. 31. (3)]

2. During review of another complaint, the Personal Support Worker (PSW) staffing schedule was reviewed with Assistant Director of Care (ADOC) again, for a specific time period.

During review of the above schedule, it was noted that the home was short PSW staff by approximately 172 hours.

The ADOC shared that when there were PSW staffing shortages, PSW personnel were provided with verbal redirection by registered staff.

The ADOC confirmed that during the time period of review, the home had not yet developed a back-up or contingency plan that addressed nursing and personal care staffing situations when staff could not come to work. [s. 31. (3)]



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 nursing and personal support services staffing plan includes a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff, using using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

During review of a complaint, it was noted that a family member expressed concerns related to wound care management.

Review of one resident clinical record for a specified time period showed that the resident had been admitted to the hospital on two occasions.

Review of the residents' clinical record showed that a skin and wound assessment was not completed using a clinically appropriate assessment instrument for one week after the residents first readmission to the home from the hospital.

Continued review of the residents' clinical record revealed a skin and wound assessment was not completed using a clinically appropriate assessment instrument until two days after the residents second readmission to the home from hospital.

A progress note documented on the date of the skin and wound assessment provided a vague description of the appearance of both wounds.

One RN shared that skin and wound assessments were to be completed as soon as possible when a resident returned from the hospital.

The ADOC shared that resident wounds should be assessed as soon as possible on return from hospital, depending on the treatment orders for the wound.

The ADOC said that the wound care nurse completed the wound assessments for the resident upon return from the hospital on both occasions.

When the inspector asked the ADOC if registered staff members other than the wound nurse could complete wound assessments when residents were readmitted to the home from hospital, the ADOC confirmed that other registered staff could also complete skin and wound assessments upon a residents return from hospital using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. [s. 50. (2) (b) (i)]



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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 exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff, using using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (5) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).**

Findings/Faits saillants :



1. The licensee has failed to ensure that staff monitored symptoms of infection in residents on every shift in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

A complaint was received by the MOHLTC expressed concerns related to the number of times one resident had required a specific treatment.

Review of the resident progress notes during a specified period of time showed that the resident had received a specific treatment at the home and during several hospitalizations.

Further review of the clinical record revealed monitoring of the residents' symptoms that required treatment, was not completed every shift that therapy was provided.

The resident's care planned focus showed one required intervention was to monitor a specific symptom and document every shift during therapy.

One RN shared that the team leader would usually monitor these symptoms.

In an interview, the ADOC shared that the home expected staff to monitor a residents' symptoms and document every shift during the time the treatment was provided. [s. 229. (5) (a)]

Issued on this 7th day of December, 2018

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

Original report signed by the inspector.