



**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**

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 7, 2014	2014_263524_0026	002161-14	Complaint

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

Berkshire Care Centre
350 DOUGALL AVENUE, WINDSOR, ON, N9A-4P4

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

INA REYNOLDS (524)

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): August 6, 2014.

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care, Registered Dietitian, Food Service Supervisor, 1 Registered Practical Nurse, 1 Cook, 1 Dietary Aide, 10 Residents and 1 family member.

During the course of the inspection, the inspector(s) reviewed the residents health records, menu plan, related food service records, relevant policies and procedures and observed lunch meal service and production activities.

The following Inspection Protocols were used during this inspection:



Food Quality
Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

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).**
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Findings/Faits saillants :

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

Review of the home's Resident Hydration policy RCS C-40 dated September 4, 2013 revealed:

"Night Registered Staff will total amount of fluid consumed by the resident on a 24-hour basis for comparison to the amount specified in the plan of care. Residents who do not meet their identified fluid requirements will be listed on the 24-hour report". In addition, "Registered Staff will initiate a Dietary Referral form for each resident who has not consumed their required amount of fluids for the 24-hour period over a 3 day time span. An electronic progress note will be included in the residents chart identifying this action."

Resident #01 was assessed by the home's Dietitian for daily fluid requirements. On August 6, 2014, record review revealed the resident's fluid intake ranged below the daily fluid requirements for a nine day period on a 24-hour basis. A review of the progress notes revealed there was no documented evidence that a referral was made to the Dietitian for resident's low fluid intake over a 3 day time span. This was confirmed by the Dietitian.

Interview with the Assistant Director of Care confirmed there was no documented evidence that the resident's low fluid intake was listed on the 24-hour report. In addition, the Assistant Director of Care confirmed the expectation that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place are complied with related to resident hydration. [s. 8. (1) (a),s. 8. (1) (b)]



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Issued on this 7th day of August, 2014

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