



**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  
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## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 10, 2014	2014_257518_0017	L-000382-14	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**

ALISON FALKINGHAM (518)

### **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): March 14 and 30, 2014**

**During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Care, the Wound Care Nurse, two Registered Practical Nurses, five Personal Support Workers.**

**During the course of the inspection, the inspector(s) reviewed a residents complete clinical record, the policies and procedures of the home and general resident care.**

**The following Inspection Protocols were used during this inspection:**



Pain Prevention of Abuse, Neglect and Retaliation Skin and Wound Care Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with LTCHA requirements and the corresponding written notification under paragraph 1 of section 152.

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 failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

There were admission orders signed by the attending physician requested routine admission laboratory orders. There are no notations in the laboratory book and no results on the chart. The resident was transferred to hospital without admission lab results.

The Director of Care confirmed that it is her expectation that all physician orders by recorded and checked by two registered staff and completed as ordered. [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 related to ensuring care set out in the plan of care is provided to the resident as specified., to be implemented voluntarily.***

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**WN #2: 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,**  
**(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,**  
**(i) within 24 hours of the resident's admission,**  
**(ii) upon any return of the resident from hospital, and**  
**(iii) upon any return of the resident from an absence of greater than 24 hours;**  
**O. Reg. 79/10, s. 50 (2).**

**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).**

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**Findings/Faits saillants :**



1. The licensee failed to ensure that, (a) resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff, (i) within 24 hours of the residents admission.

The initial skin assessment completed [REDACTED] on admission did not indicate that there was a dressed wound. There is also no comment on this wound in the initial progress notes or in the MDS assessment of skin condition.

The Director of Nursing confirmed that it is her expectation that skin assessments be performed and documented properly. [s. 50. (2) (a) (i)]

2. The licensee failed to 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.

A wound care referral was made. The wound care nurse did not see this wound prior to residents transfer to hospital.

There is no documentation that this referral was followed up on.

The wound care nurse confirmed that there was no follow up.

The Director of Nursing confirmed that it is policy and her expectation that the wound care nurse follow up on referrals in a timely manner. [s. 50. (2) (b) (i)]

***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 relating to the care that is set out in the plan of care for the resident is followed., to be implemented voluntarily.***



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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

**Specifically failed to comply with the following:**

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that when a residents pain is not relieved by initial interventions the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg 79/10, s. 52 (2)

During this admission the resident received pain medication daily as well as when needed however there were no pain assessments completed or documentation of its effectiveness.

The Director of Nursing confirmed that it is policy and her expectation that pain assessments should be completed on all admissions and the effectiveness of pain medication be documented. [s. 52. (2)]

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**Issued on this 12th day of June, 2014**

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