

Original Public Report

Report Issue Date June 22, 2022
Inspection Number 2022_1084_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee

Rykka Care Centres LP

Long-Term Care Home and City

Berkshire Care Center
Windsor

Lead Inspector

Debra Churcher #670

Choose an item.

Additional Inspector(s)

Terri Daly #115

Inspector Carole Ma #741725 and Jennifer Bertolin #740915 were also present during this inspection.

INSPECTION SUMMARY

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were findings of non-compliance.

The inspection occurred on the following date(s): June 13, 14, 15 and 16, 2022.

The following intake(s) were inspected:

- Log# 005756-22 CIS# 2541-000013-22 related to alleged neglect.
- Log# 005880-22 CIS# 2541-000015-22 related to an injury of unknown cause.
- Log# 008327-22 CIS# 2541-000023-22 related to a fall with injury.
- Log# 009394-22 IL-01285-LO related to a complaint regarding the temperature in the home.
- Log# 010611-22 IL-01922-LO related to a complaint regarding the temperature in the home.
- Log# 010642-22 IL-01939-LO related to a complaint regarding the temperature in the home.
- Log# 010643-22 IL-01940-LO related to a complaint regarding the temperature in the home.
- Log# 010645-22 IL-01942-LO related to a complaint regarding the temperature in the home.
- Log# 010646-22 IL-01943-LO related to a complaint regarding the temperature in the home.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Pain Management
- Prevention of Abuse and Neglect
- Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: ADDITIONAL PRECAUTION SIGNAGE

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg 246/22 s.102. (2) (b).

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control.

The Infection Prevention and Control (IPAC) Standard (the “Standard”) for Long-Term Care Homes was issued by the Director pursuant to section 102(2)(b) of the Regulation under the Fixing Long-Term Care Act, 2021 (the “Act”). Section 9.1 e) of the IPAC Standard states “The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program.

At minimum, Additional Precautions shall include: Point-of-care signage indicating that enhanced IPAC control measures are in place.

Rationale and Summary:

During the initial tour of the home this Inspector did not observe any contact precaution signs on any floors, with the exception of two residents.

During the initial tour of the home on the sixth floor this Inspector spoke with a Registered Practical Nurse (RPN) who stated that they were unsure if any residents on their floor required contact precautions due to an active infectious process. A Personal Support Worker (PSW) stated that three resident’s on their unit required additional precautions.

The Infection Prevention and Control Lead (IPACL) provided a list of 37 residents that required additional precautions related to an active infectious process and stated that these 37 residents should have had additional precautions in place.

The home’s policy titled Infections Management of Methicillin Resistant Staphylococcus Aureus (MRSA) IFC D-45, last revised stated April 26, 2021, stated “Place a sign on the resident’s door indicating Contact Precautions and the appropriate PPE required and advising all persons to go and check in at the nursing station before entering the room.”

The home's policy titled Infections Management of VRE in Long Term Care Homes IFC D-50, last revised stated April 26, 2021, stated "Place a sign on the resident's door advising all persons to go and check in at the nursing station before entering the room."

Sources: Observations during the initial tour of the home, review of the list of resident's requiring additional precautions, interviews with the IPACL, an RPN and a, the homes policy The home's policy titled Infections Management of Methicillin Resistant Staphylococcus Aureus (MRSA) IFC D-45, last revised stated April 26, 2021, and the home's policy titled Infections Management of VRE in Long Term Care Homes IFC D-50, last revised stated April 26, 2021.

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WRITTEN NOTIFICATION: PREVENTION OF NEGLECT

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: LTCHA, 2007 s. 19. (1)

The Licensee has failed to ensure that a resident was not neglected by the licensee or staff.

Rationale and Summary:

Review of a Critical Incident System Report submitted by the home stated that a resident had brought forward a concern that a Registered Nurse (RN) had neglected them during a medical event and it was discovered that the RN had been aware that the resident was experiencing an acute medical event however the RN did not provide treatment.

This Inspector was unable to locate any documentation related to the reported incident in the resident's clinical record.

Review of the homes investigative notes showed an interview with the RN where the RN stated the resident had complained of a specific acute medical condition. The RN stated that they had performed a specific test which showed that the resident was experiencing an acute medical condition. The RN also admitted that they did not follow up with another test, failed to document the event and failed to report to the oncoming shift.

During an interview with the Administrator they stated that they had interviewed the RN and confirmed that the RN did not properly manage the resident's acute medical condition.

Sources: CIS, the homes internal investigation notes, the homes policy titled Medication Administration Reporting the use of Glucagon, severe hypoglycemia and unresponsive hypoglycemia F-45-10, last revised April 19, 2021, and an interview with the Administrator.

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WRITTEN NOTIFICATION: TEMPERATURES MEASURED AT REQUIRED TIMES IN RESIDENTS ROOMS

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 24. (2) 1. (3)

The licensee has failed to ensure that the temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home. The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary:

Review of the homes temperature logs showed that temperatures were not taken in two resident rooms in the am and between 12pm and 5pm on May 19 and 20, 2022, and during the evening or night on May 4, 5, 6, 7, 8, 14, 15 and 20, 2022.

During an interview with Administrator #100 they acknowledged required temperatures were not completed and should have been.

Sources: The homes temperature logs and interview with Administrator #100.

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