

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: June 5, 2025

Inspection Number: 2025-1084-0004

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Kindera Living Care Centres LP by its general partners, Kindera Living Care Centres GP Inc. and Kindera Living Management Inc.

Long Term Care Home and City: Berkshire Care Centre, Windsor

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 22, 23, 26, 27, 28, 29, 30, 2025 and June 2, 3, 4, 5, 2025

The following intake(s) were inspected:

- Follow-up #: 1 - related to Accommodation services - Housekeeping.
- Follow-up #2: - related to Accommodation services - State of good repair.
- Concerns with medication management, personal care, maintenance, bathing and staffing.
- Critical incident - Improper/Incompetent treatment or care of a resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2025-1084-0002 related to FLTCA, 2021, s. 19 (2) (a)

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Order #002 from Inspection #2025-1084-0002 related to FLTCA, 2021, s. 19 (2) (c)

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration
Medication Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee failed to ensure that a resident and their substitute decision maker (SDM) were given the opportunity to participate in the implementation of the resident's plan of care. There was no documentation to support that the resident, or their SDM, were notified of a change in the residents plan of care.

Sources: Resident's plan of care and interviews registered staff.

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WRITTEN NOTIFICATION: Licensee must comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee failed to comply with the conditions to which the licence was subject to compliance order (CO) #001, related to housekeeping, accommodation services when the following was not met:

A. Complete an audit of all the Resident Home Areas (RHA) and serveries to identify floors, walls, baseboards, storage rooms, spaces between furniture, Personal Protective Equipment Containers and all other areas of uncleanliness.

B. Complete a checklist of the cleaning to be done which includes where, how, who would be responsible for completing the work, when the work will be started, when it will be completed and how it will be maintained.

C. Revise existing night PSW job routines to include auditing PPE containers. Communicated updated job routines to night nursing staff.

D. Order new PPE caddies.

During a follow up inspection and a review of the home's plan it was noted that the actions outlined were not implemented.

The home failed to ensure the completed audit of the RHA's included all areas of uncleanliness and that the checklist provided gave an accurate date of completion

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with the detailed work that needed to be completed. The home failed to maintain the cleanliness of the home when on two observations various resident rooms, corridors, hallways, stairwells, equipment and dining rooms were not clean. The home failed to ensure the PPE containers were kept clean as required in the home's action plan.

Sources: Berkshire Care Centre Action Plan; Observations on May 22-23, 2025; Cleaning checklist, Deep cleaning records.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

Compliance order #001 issued on February 13, 2025, related to FLTCA, 2021 - s. 19 (2) (a) Accommodation services - Housekeeping Compliance due date May 12, 2025.

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This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Licensee must comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee failed to comply with the conditions to which the licence was subject to compliance order (CO) #002, related to good state of repair in accommodation services when the following were not met.

A. Complete an audit of all the Resident Home Area's (RHA) including but not limited to; resident rooms, shower/tub rooms, dining rooms, and hallways identify broken tiles, unattached or missing baseboards, missing/broken handrails, missing/chipped paint, broken drywall and other areas of disrepair.

B. Complete a checklist of the work to be completed, which includes; where, how, who would be responsible for completing the work, when the work will begin, when it will be completed and how it will be maintained

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During a follow up inspection and a review of the home's plan it was noted that the actions outlined were not implemented.

The home failed to ensure the completed audit of the RHA's included all areas of disrepair. The home failed to complete a checklist to include an accurate date of completion with the detailed work that needed to be completed. The home failed to ensure the home, furnishings and equipment were maintained in a safe condition and in a good state of repair when on two observations various resident rooms, corridors, hallways, lobbies, stairwells, equipment and dining rooms had areas of disrepair. The home failed to ensure there was an accurate record of the work completed in the home and what was outstanding.

Sources: Berkshire Care Centre Action Plan; Observations on May 22-23, 2025; Paint schedule; Maintenance Care records.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #002

Related to Written Notification NC #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

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Compliance History:

Compliance order #002 issued on February 13, 2025, related to FLTCA, 2021 - s. 19 (2) (c)
Accommodation services - State of repair Compliance due date May 12, 2025.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Bathing

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee failed to ensure that a resident was provided two baths per week. The resident's clinical charting was reviewed, and the resident did not receive their bath on the scheduled bath day.

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Sources: Resident Documentation Survey Report, and interview with staff.

WRITTEN NOTIFICATION: Dining and Snack Service

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 3.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

3. Monitoring of all residents during meals.

The licensee failed to ensure that a resident was monitored in their room during their lunch meal.

A resident was observed eating their meal and drinking their fluids with altered textures in their bed and coughing while eating.

Registered staff stated the the resident was a high risk for choking and should be continuously monitored and sitting upright while eating. The home's policy states a staff should be readily accessible in the event of a choking incident.

Sources: Resident care plan; policy and staff interviews.

WRITTEN NOTIFICATION: Pest Control

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 94 (2)

Pest control

s. 94 (2) The licensee shall ensure that immediate action is taken to deal with pests.

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The licensee failed to ensure that immediate action was taken when an infestation of flies were in a resident's accommodation.

During an observation of a resident's living space it was noted that there were small black flies on the headboard wall, ceiling, door wall, on the resident's furniture and in the resident's dresser. During a tour with leadership from the home it was confirmed that immediate action was required.

Sources: Observation and staff interviews.

COMPLIANCE ORDER CO #001 Medication Management System

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 123 (1)

Medication management system

s. 123 (1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee must:

A) Ensure that the resident receives their prescribed medication as ordered.

B) Educate all registered nursing staff on the process of obtaining and transcribing a complete order, including important instruction to reduce potential errors. Document the education, including the date and the staff member who provided the education.

C) Keep a written record of everything required under (A) and (B), until the Ministry

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of Long-Term Care has determined the licensee has complied with this order.

Grounds

The licensee failed to comply with the home's developed medication management system that provided safe medication management and optimized effective drug therapy outcomes for a resident.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed to safely transcribe medication orders were complied with.

Following routine blood work for a resident it was noted that they had an abnormal result. A registered nurse received a telephone order to continue a medication. During an interview with the physician it was stated that the phone order was continuous and a date for discontinuation was not indicated. The registered nursing staff transcribed the phone order for the duration of three days. Following the third day, it was documented that the medication had been discontinued. The Director of Nursing (DOC) acknowledged that the telephone order was not complete as there was no date for discontinuation.

As a result of the registered staff not clarifying the order, the resident did not receive a medication to correct the abnormal blood work result.

Sources: Resident progress notes, prescriber's order form, and lab results, policy for transcribing orders and interviews with staff.

This order must be complied with by July 10, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.