Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: November 4, 2025

Inspection Number: 2025-1084-0006

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): October 20, 21, 22, 23, 24, 27, 29, 30, 2025 and November 3, 4, 2025

The inspection occurred offsite on the following date(s): October 31, 2025

The following intake(s) were inspected:
- Follow-up #: 2 - CO#001, related to FLTCA, 2021 - s. 19 (2) (a) Accommodation services - Housekeeping.
- Follow-up #2: CO#002, related to FLTCA, 2021 - s. 19 (2) (c) Accommodation services - State of good repair.
- Complaint Intake: Concerns relating to food temps.
- Complaint Intake: Related to Resident safety.
- Critical Incident (CI) Intake: Resident to Resident responsive behaviours.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1084-0002 related to FLTCA, 2021, s. 19 (2) (a)
Order #002 from Inspection #2025-1084-0002 related to FLTCA, 2021, s. 19 (2) (c)

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

Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Nutritional care and hydration programs

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee must ensure that the Nutritional Care Program is complied with relating to food temperatures, pleasurable and safe dining for residents, as well as proper and safe use of equipment relating to the steam tables, mobile hot cart and Berlage units.

A. The Food Service Manager (FSM) and a Corporate Support Staff or delegate will complete a comprehensive walk through from start to finish of one meal service on all units serviced by the mobile hot cart (units 4,6,7 and 8) and one unit with a servery and steam table (Units 2,3, and 5). This comprehensive walk through will be completed, one meal per observation and one observer will observe the dietary department and the other will observe the nursing staff. This process must be completed until all three meals have been observed. The observation will not be announced to staff in advance. The comprehensive walk through must include documentation of; who completed the observation, date, location, meal observed, staff name, staff actions up to

and including following policy and procedures, observation of the service, deficiencies and immediate actions if taken.

B. The Executive Director (ED), FSM and Corporate Support staff or delegate will meet with nursing management and present the findings of their comprehensive walk through. As a multidisciplinary team identify gaps in service, policy and procedure and create a plan to address the deficiencies. The plan must include a form of auditing to maintain quality of service. The audit must include but is not limited to; a full meal service, food temperatures, resident experience and corrective action if required. Auditing frequency to be determined by Long-Term Care Home (LTCH) to meet operational needs but should not be less than twice annually. Maintain a written record of; all meetings including date, time, location, attendance, actions, and all documents updated.

C. The ED, FSM and any management the ED determines appropriate will request a meeting with the Residents Council and Food Committee to identify gaps in meal service. All gaps and concerns will be documented and addressed within the plan or individually if required. Maintain a written record of; all meetings including date, time, location, attendance, actions, and all documents updated.

D. The ED, FSM, Corporate Support staff or delegate and any management the ED determines appropriate will meet again after meeting with the Residents Council and Food Committee and update the plan with information provided from the Resident Council and Food Committees. The group will then review and revise any policies and procedures necessary. Prior to any revision of the Food Temperature policy and procedure consult with the Public Health Unit in accordance with best practice guidelines for safe food handling. Maintain a written record of; all meetings including date, time, location, attendance, actions, and all documents updated.

E. All staff who may act as a dietary aid or provide meal services, up to and including serving food and assisting residents to eat will be educated on the plan, including the updated policies and procedures and any documents updated relating to roles and responsibilities. If there are no updates to the policies and procedures then existing policies and procedures relating to the identified areas will be part of the education. Maintain a written record of; education to staff including the content of the education, who facilitated the education, the date it was completed and by whom.

Grounds
The licensee failed to comply with policies and procedures relating to nutritional care and dietary services.

In accordance with Ontario Regulations (O. Reg). 246/22, section (s) 11. (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 policy, protocol, program, procedure the licensee is required to ensure that the policy, protocol, program, procedure, (b) is complied with. Specifically relating to the Nutritional care and hydration programs.

A complaint was received relating to meal temperatures. During a record review of the meal temperature logs, it was noted that food items were served outside of the safe temperature range and not all food items had temperatures documented. The home's policy stated "Food must be kept out of the danger zone, between 4 Celsius (C) (40 Fahrenheit (F)) and 60C (140F), where bacteria grow rapidly. Corrective action must be taken for any foods that falls within the danger zone.". No corrective action had been identified on the temperature log.
In an observation, residents who required assistance were found seated at tables with their meals uncovered in front of them and no staff assisting them to eat. a large container of soup was observed sitting on the counter with no lid or warming mechanism. On all home areas, multiple trays with half covered meals were observed on tables in various places in the dining room, the entrees were covered with a metal dome but the soup and dessert items had not been covered. Two dietary staff were observed plating and serving food from a mobile hot cart inside of the elevator and the cart was not plugged in. On another home area, a bedside table was observed to have been set up in the hallways outside of the dining area, on it was an uncovered plate with a sloppy joe sandwich and some coleslaw. On the same unit in the dining room there was a tray of individually plated fruit, the plastic wrap had been pulled back and a black fly flying in and out of the dishes. During the observation the Inspector spoke with staff who acknowledged residents who required assistance should not have had meals placed until a staff member was available to assist them and that food should not have been left out and uncovered and should have been placed in the Berlage warming units. Staff on all three units confirmed the Berlage units had not been turned on or plugged in.

On three additional home areas, the steam tables on all three units had not been turned on or used for the lunch meal service for any hot food items. Staff serving lunch

acknowledged they should have used the steam tables and had not, and that the risk to the residents would have been a potential for cold food or potential exposure to foodborne illness.

Policies and procedures from the home had outlined practices for safe and pleasurable dining for residents including; ensuring residents who required assistance were not provided a meal until someone was able to assist them, ensuring all food items had temperatures taken prior to and after meal serviced to ensure food stayed within a safe temperature range and to take corrective action if required, ensuring food items were covered to maintain heat and prevent contamination, ensuring steam tables were pre-heated and used during meal services, ensuring mobile hot cart was plugged in on each unit to maintain safe temperature range.

A Berlage unit was observed on a home area. The Berlage unit was in the activity/dining room. A resident was seated in front of the unit. A slight heat could be felt radiating from the unit. The unit was accessible, no code or locking mechanism had been required to access the unit. The temperature inside the unit was hot to touch and was observed from the screen as 74.5 with no unit of measurement.

During an interview with the leadership in the home, they acknowledged that staff did not follow the home's policies and procedures and should have. Also, that the Berlage units posed a potential risk to the residents and required some additional safety measures to be actioned.

Sources: Observations, Long-term Care Home's temperature logs and policies and procedures and staff interviews.

This order must be complied with by January 27, 2026

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021,the licensee is subject to a re-inspection fee of $500.00 to be paid within 30 days from the date of the invoice.
A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Intake: #00149348 - Follow-up #2 - CO#001; Intake: #00149349 - Follow-up #2 - CO#002

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.

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

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
Toronto, ON, M5S 1S4

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

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.