



**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
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 13, 2014	2014_206115_0006	001090-14	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

TERRI DALY (115)

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): July 30, 2014

During the course of the inspection, the inspector(s) spoke with the Nurse Clinician, one Registered Practical Nurse, four Personal Support Workers/Health Care Aides, and one family member.

During the course of the inspection, the inspector(s) reviewed the clinical record of one resident, applicable policies and procedures and observed care and services for one resident.

The following Inspection Protocols were used during this inspection:



Continence Care and Bowel Management Medication Responsive Behaviours Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

Table with 2 columns: Legend and Legendé. Row 1: Legend (WN, VPC, DR, CO, WAO) and Legendé (Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités). Row 2: 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. / 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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management



Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee did not ensure that Resident #1 has an individualized plan of care to promote and manage continence.

A record review of the plan of care revealed that Registered Staff are to assess a pattern and establish a program based on the resident's individual pattern which includes toileting method and abilities.

This assessment/interventions has not been included in the resident's plan of care.

The Nurse Clinician indicates that it is the expectation of the home and the Continence Management Program that each resident is assessed, and individualized continence care developed and implemented. [s. 51. (2) (b)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131.

Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



**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**

1. The licensee did not ensure that medication was administered to Resident #1 in accordance with the directions for use specified by the prescriber.

During a record review the medication administration record and was not signed as given by Registered Staff 16/30 days.

Staff confirmed availability of the medication and the expectation that all medication administered to a resident is signed when given as per physician's orders.

The Nurse Clinician confirmed that if the medication is not signed for it is assumed it was not given per the physician's order. [s. 131. (2)]

Issued on this 13th day of August, 2014

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