



**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  
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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 10, 2015	2015_257518_0040	015315-15	Complaint

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### **Licensee/Titulaire de permis**

RYKKA CARE CENTRES LP  
50 SAMOR ROAD SUITE 205 TORONTO ON M6A 1J6

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### **Long-Term Care Home/Foyer de soins de longue durée**

Berkshire Care Centre  
350 DOUGALL AVENUE WINDSOR ON N9A 4P4

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### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

ALISON FALKINGHAM (518)

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## Inspection Summary/Résumé de l'inspection

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): July 16, 2015**

**This inspection was conducted as a result of a complaint IL 39125-LO regarding a resident leaving the building unsupervised.**

**During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Nursing, the Behavioural Support Lead, two Registered Practical Nurses and four Personal Support Workers. The Inspector also observed a residents clinical record, the homes policies and procedures specifically regarding missing residents and observed general and specific resident care.**

**The following Inspection Protocols were used during this inspection:  
Safe and Secure Home**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (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 plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that any plan, policy, protocol, strategy or system instituted or otherwise put in place is complied with.

The Homes Policy for Missing Residents

Policy EPM F-05

Code Yellow Missing Resident

last revised Feb 27, 2013, indicated that when a resident was found a nursing assessment would be completed and documented

The Care Plan would be updated

The Administrator or Director of Care would complete and submit a critical incident

A resident was observed on a street by an off duty staff member of the home.

The off duty staff member contacted a Registered Staff member and stated they would return the resident to the home.

The Registered staff member contacted the resident's Power of Attorney.

The off duty staff member returned the resident to the main floor of the building and left the resident there where he was seen by the a Registered Staff member in the common resident area.

Interview with six staff members revealed that none of them had been aware of this absence.

There was no documentation that the resident returned to the floor or was assessed by a staff member upon return to the floor.

The Director of Care confirmed that no code yellow was called, no nursing assessment was completed or documented when the resident returned, no follow up for the resident was completed or documented, the care plan was not updated and no critical incident was completed or submitted to the Director.

The Administrator confirmed the expectation was that the Code Yellow Policy was complied with. [s. 8. (1) (b)]



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***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 to ensure that where the Act or this Regulation requires the licensee of a long term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.***

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Issued on this 24th day of August, 2015

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

**Original report signed by the inspector.**