Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 23, 2015	2015_254610_0055	026012-15	Critical Incident System

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP
3200 Dufferin Street Suite 407 TORONTO ON M6A 3B2

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

NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): December 15, 16, 17, 2015

This Critical Incident was completed related to responsive behaviours

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Social Worker, Receptionist, Clinical Coordinator, two Personal Support Workers and two Registered Practical Nurses.

During the course of this inspection the inspector conducted interviews, completed resident care observations, reviewed health care records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Responsive Behaviours

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	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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. 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 had failed to ensure that any plan, policy, protocol, procedure, strategy or system put into place was complied with.

A review of Point Click Care (PCC) documentation showed that a resident had wandered.

a) A review of the Wandering Policy EPM F-05:

Watch Mate System:

A decision to initiate/discontinue the wander guard bracelet will be discussed with the care team.

Wandering:

A wander list, listing the wanderer's name and room number and bracelet number is kept on all units, in the nursing office and at the reception.

During an interview with the Personal Support Worker on December 16, 2015, showed that all residents receive checks as they all wander on the unit; there was no specific wander guard list on the unit.

The Receptionist and the Social Worker on December 16, 2015, confirmed that they do not have wander list.

The Director of Care (DOC) confirmed on December 16, 2015, that they do not have a wander guard system in the home at the time of inspection, and that it would be unrealistic for staff to monitor all the residents every hour on the unit.

The DOC confirmed the Wandering Policy was not complied with.

b) The home's policy Missing Resident EPM F-05:

A nursing assessment of the resident's condition is to be completed and documented with follow-up as indicated. The Care Plan is updated to ensure it reflects the resident's

current condition.

A review of the health care record for resident # 003 showed that there was no nursing assessment completed and documented with follow up as indicated in the policy.

The Director of Care confirmed on December 16, 2015, that it is the homes expectation that a resident who had been missing should have had a head to toe assessment completed when the resident returned. [s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

Issued on this 14th day of January, 2016

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

Original report signed by the inspector.