



**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
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Direction de l'amélioration de la
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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_0058	033764-15	Complaint

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



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

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

This Complaint was completed related to Residents Bill of Rights.

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

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

**The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Nutrition and Hydration**

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

3 WN(s)

3 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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. The licensee had failed to ensure that the licensee fully respected and promoted the resident's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

A review of Point Click Care documentation showed that resident had a significant change in status requiring immediate medical attention.

Documentation in the home revealed the resident was expected to get this intervention, however in this instance did not.

The Director of Care Confirmed that the licensee did not fully respect and promote the resident's right to be properly cared for in a manner consistent with the residents needs. [s. 3. (1) 4.]

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 the licensee fully respected and promoted the resident's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs, to be implemented voluntarily.

WN #2: 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 where the Act or this Regulation requires the licensee of a long-term care home to have, 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.

A review of the documented twice daily skin assessments check list showed that on five days resident # 001 had altered skin integrity. There were no dates or signatures on the documentation form that the concerns had been reported to the registered staff or the location of the altered skin identified.

Further review of the resident's health care records showed that when the resident had been out of the home and returned to the home there was no nursing reassessments completed.

The interdisciplinary Assessment/Documentation Policy RCS C-05

Readmission:

Upon re-admission to the home after a hospital stay, the resident needs to be reassessed for all activities of daily living, continence levels, and head to toe examination, for skin integrity and be re-weighed.

The Director of Care confirmed that when a resident is readmitted to the home the expectation is that the nursing reassessment would be completed and any altered skin integrity would be reported to the nurse and would be documented in PCC with follow up actions and the policy would be 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, 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.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

Findings/Faits saillants :



1. The licensee had failed to ensure that the registered dietitian who is a member of the staff of the home completed a nutritional assessment for the resident on admission and whenever there was a significant change in the resident's health condition; and assess the resident's nutritional status, including height, weight and any risks related to nutrition care, and hydration status.

A review of Point Click Care (PCC) documentation revealed that resident # 001 had a Nutrition/Hydration Risk.

The Quarterly Nutritional Review Policy FN SCN080

Procedure:

A nutritional assessment is completed for each resident quarterly, at a minimum, according to the RAI MDS process and timelines and no later than 92 days after the previous assessment.

There was no quarterly nutritional assessments documented in PCC or the resident's health care record and no reassessment when the resident returned to the home.

The Registered Dietitian confirmed that a quarterly nutritional assessment should have been completed in and the resident should have been reassessed when she returned to the home. [s. 26. (4) (a),s. 26. (4) (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 had failed to ensure that the registered dietitian who is a member of the staff of the home complete a nutritional assessment for the resident on admission and whenever there was a significant change in the resident's health condition; and assess the resident's assess the resident's nutritional status, including height, weight and any risks related to nutrition care, and hydration status, to be implemented voluntarily.



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Issued on this 15th day of January, 2016

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

Original report signed by the inspector.