



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 25, 2016	2016_216144_0026	005914-16	Complaint

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**Licensee/Titulaire de permis**

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

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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**

CAROLEE MILLINER (144)

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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): March 23, 24, 25, 2016**

**The complaint inspection was related to nutrition and hydration.**

**During the course of the inspection, the inspector(s) spoke with the Director of Nursing (DON), one Registered Practical Nurse (RPN) and two Personal Support Workers (PSW's).**

**During the course of the inspection, one resident clinical record and the home's policy related to documentation of residents food and fluid intake was reviewed.**

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

**Nutrition and Hydration**

**Personal Support Services**

**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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

A) The home's policy related to Recording Food and Fluids Consumed, includes the following directive:

“Staff will document the percentage of each meal consumed and amount of beverages consumed for each resident on a daily basis.”

“Food and fluid intake must be recorded immediately following consumption of meals and nourishments.”

B) Review of the clinical record for one resident revealed that the Registered Dietitian assessed them as being at high nutritional risk.

C) Further review of the resident's clinical record revealed that the resident's food and fluid intake was not consistently documented on the food and fluid intake record.

D) PSW #101 and #103 advised all resident food and fluid intake should be recorded on the food and fluid intake record and, that they were unsuccessful in locating one food and fluid intake record for this resident.

E) The DOC confirmed the home's policy related to documentation of residents food and fluid intake was not followed for this resident and that the home would continue to look for the missing Food and Fluid Intake Record for this resident. [s. 8. (1) (a),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.***

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**Issued on this 26th day of April, 2016**

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

**Original report signed by the inspector.**