

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 7, 2020	2019_532590_0034	020841-19, 022396-19	Critical Incident System

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**Licensee/Titulaire de permis**

Rykka Care Centres LP  
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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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**

ALICIA MARLATT (590), JULIE DALESSANDRO (739)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): December 9, 10, 12, 13 and 16 - 18, 2019.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care and the Environmental Services Manager.**

**During the course of the inspection, the inspector(s) observed every stairwell entrance that was accessible to residents and fuse panels.**

**During the course of the inspection, the inspector(s) reviewed policies and procedures relevant to inspection topics, Critical Incident System reports and invoices from external contractors.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
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>Légende</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. 9. Doors in a home**

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

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

- 1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
    - i. kept closed and locked,**
    - ii. equipped with a door access control system that is kept on at all times, and**
    - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
      - A. is connected to the resident-staff communication and response system, or**
      - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.******
- O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**Findings/Faits saillants :**

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1. The licensee had failed to ensure that:

1. All doors leading to stairways and to the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access were,

i. kept closed and locked,

ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

A Critical Incident System report was submitted to the Ministry of Long-Term Care, reporting a failure of the homes' power system that affected the residents of the home. The report further described that a resident was discovered sitting in an unsecured stairwell unharmed, and that staff had discovered the doors power failure when they found the resident. The report documented that the home did not know the time the power went out, but the resident was discovered at approximately 1940 hours and the power was restored at approximately 2330 hours that same day.

In an interview with Environmental Services Manager (ESM) #102 they shared that the home did experience a power outage that resulted in the failure of power to the North tower of the building. The ESM shared that the power outage was the result of a blown fuse and that their contracted electrician company had come in and replaced the faulty fuse and examined the rest of them. The ESM shared that the doors to the stairs were always kept locked and that this was an exceptional circumstance.

In an interview with Executive Director #100, they shared that the doors had been kept locked at all times, up until the time the fuse blew, and that the issue was immediately rectified and has not occurred again. The ED shared that the home had called in extra staff to monitor the doors when the power failure was discovered. [s. 9. (1)]

***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 ensure that all doors leading to stairways and to the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, are kept closed and locked, to be implemented voluntarily.***

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**Issued on this 7th day of January, 2020**

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

**Original report signed by the inspector.**