Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: February 19, 2025
Inspection Number: 2025-1084-0002
Inspection Type: Critical Incident
Licensee: Kindera Living Care Centres LP by its general partners, Kindera Living Care Centres GP Inc. and Kindera Living Management Inc.
Long Term Care Home and City: Berkshire Care Centre, Windsor

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 10, 11, 12, 13, 2025

The following intake(s) were inspected:

- CI #2541-000002-25 - Enteric Outbreak

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

Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with additional requirement 9.1 (f) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (revised September 2023), the licensee failed to ensure that personal protective equipment (PPE) was properly disposed of, specifically when PPE disposal bins were not available in resident rooms that required additional precautions.

Sources: Observation, Tour with staff

COMPLIANCE ORDER CO #001 Accommodation services

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 19 (2) (a)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (a) [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to: Specifically, the licensee shall prepare, submit and implement a plan to maintain the home, furnishings and equipment and

ensure they are kept clean and sanitary.
A. Complete an audit of all the Resident Home Areas (RHA) and serveries to identify floors, walls, baseboards, storage rooms, spaces between furniture, Personal Protective Equipment Containers and all other areas of uncleanliness.
B. Complete a checklist of the cleaning to be done which includes where, how, who would be responsible for completing the work, when the work will be started, when it will be completed and how it will be maintained.
C. Ensure that the leadership team participates in creating the plan, including the Administrator, Director of Care (DOC), Environmental Service Manager (ESM) and the Infection Prevention and Control Lead.

Grounds

The licensee failed to ensure that the common spaces and resident personal spaces in the home areas were kept clean and sanitary.

During a tour of the home, four out of the seven home areas were noted to have varying degrees of unkept cleanliness.
On the Petunia Lane home area the hallway floor edges and door frames of the resident rooms were observed to have been unclean and discoloured. One resident's room had dirt and debris beside a large dresser in the room and dried stain spots on the wall.
On the Wildflower Lane home area the hallway, resident rooms; floors and baseboards were observed to have been unclean.
On the Daisy Hill Lane home area a Personal Protective Equipment (PPE) container had been observed to be unclean with dried spilled matter inside the container.
On the Rose Garden Lane home area the floors in the hallways and doorframes of the resident rooms were observed to be unclean. The clean supply room was observed to have had a build up of dirt on the floor and transition piece prior to entering the room.
On the Sunflower Lane home area the hallway floors and baseboards were

observed to have been unclean and discoloured. The clean supply room was observed to have had a buildup of dirt on the floor and transition piece in front of the door and a large unclean area behind the door.

The residents that reside in the home are impacted as the home has demonstrated deficient cleaning practice in resident personal spaces and common areas and this increases the potential for risks associated with infectious diseases and potentially impacts the resident's right to live in a safe, clean environment.

Sources: Observation, Tour with staff, and Interview with manager.

This order must be complied with by May 12, 2025

COMPLIANCE ORDER CO #002 Accommodation services

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (c) [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to: Specifically, the licensee shall prepare, submit and implement a plan to maintain the home, furnishings and equipment to ensure they are kept in a safe condition and in a good state of repair.

A. Complete an audit of all the Resident Home Area's (RHA) including but not limited to; resident rooms, shower/tub rooms, dining rooms, and hallways identify broken

tiles, unattached or missing baseboards, missing/broken handrails, missing/chipped paint, broken drywall and other areas of disrepair.
B. Complete a checklist of the work to be completed, which includes; where, how, who would be responsible for completing the work, when the work will begin, when it will be completed and how it will be maintained.
C. Ensure that the leadership team participates in creating the plan, including the Administrator, DOC, and the ESM.
D. Review and revise as necessary, the preventative maintenance program to include regular audits of the maintenance of the home, furnishings and equipment to ensure they are kept in a safe condition and in a good state of repair. Keep a written record of this review, who participated, the date it occurred, and any changes made.

Grounds

The licensee failed to ensure that the home and furnishings were kept in a safe condition and a good state of repair.

During a tour of the home, four of the seven home areas were noted to have varying degrees of disrepair.
On the Petunia Lane home area, a resident room was observed to have had broken drywall near the residents' window and a baseboard not attached to the residents' wall. Two handrails were noted to have been missing from the hallways and one of the missing areas had a sharp edge.
On the Wildflower Lane home area there was a missing handrail in the hallway. Two baseboards were missing from the wall located outside of tub room. One resident room was missing a large area of paint on the outside of the room door, creating an uneven, porous surface.
On the Daisy Hill Lane home area, a resident's room was observed to have had a hole in the drywall located in the doorway and paint chipping from the door.
On the Rose Garden Lane home area, the tiled area outside of the resident tub room

was observed to have been broken and missing pieces.

Not maintaining the home and furnishing in a good state of repair could have a moderate impact to residents' safety with risk of injury from unmaintained handrails and flooring and an increase for potential risks associated with infectious diseases as damaged surfaces cannot by properly cleaned and sanitized.

Sources: Tour with staff, Interview with manager.

This order must be complied with by May 12, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.