

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Al-Shehabi, Mohammad (922131005652) Location : 5 519 A Admission Date : 08/11/2025  
Medical Record # : 6253 800 087RP Gender : M Date of Birth : 03/03/1942  
Physician : Ng, Albert Patrick Pharmacy : MediSystem London IMM  
Allergies : Varenicline  
Diagnoses : Vascular dementia, unspecified(F01.9), Stroke, not specified as haemorrhage or infarction(I64), Chronic obstructive pulmonary disease, unspecified(J44.9), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary artery(I25.10), Anxiety disorder, unspecified(F41.9), Depressive episode, unspecified(F32.9), Carcinoma in situ of prostate(D07.5), Person injured in unspecified vehicle accident(V89.9), Presence of prosthetic heart valve(Z95.2), Presence of coronary angioplasty implant and graft(Z95.5), Seizure disorder, so described(R56.80)

Effective Date: 10/21/2025 21:37 Type: Behaviour Note

**Behaviour Displayed :** Mohammad urinated on the floor two times. This happened sometimes.

**Intervention :** Staff directed him to the tub room to use the toilet without effect.

**Time, Frequency and # of Staff :** 6 min. two times and 4 staff involved.

**Evaluation of Intervention :** Not effect.

**Resident Response :**

Author:Lucy(Xifeng)Lu Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/09/2025 21:12 Type: Behaviour Note

**Behaviour Displayed :** Resident was found peeing and moved bowel in garbage twice, was redirected, will continue to monitor.

**Intervention :**

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :**

**Resident Response :**

Author:Shabnam Mustary Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/05/2025 10:36 Type: Behaviour Note

**Behaviour Displayed :** The resident was observed yelling and shouting in the hallway when redirected by staff. Behavior was loud, disruptive, and ongoing despite initial verbal attempts to de-escalate.

**Intervention :** Re-approached the resident in a calm manner and provided PRN medication as per care plan. Activity staff were notified and encouraged the resident to go for a smoke break downstairs. Charge were notified as well, Krishna.

**Time, Frequency and # of Staff :** 0950H, First incident observed today.

**Evaluation of Intervention :** Following administration of PRN and engagement with the activity staff, the resident began to settle.

**Resident Response :** The resident accepted PRN medication and agreed to go for a smoke. He was noticeably calmer and more cooperative afterward, with no further disruptive behaviors noted during this period.

Author:Heidhy Dumincil Nursing - Registered Practical Nurse [e-SIGNED]

Signature: \_\_\_\_\_

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Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

**Resident Name :** Al-Shehabi, Mohammad (922131005652) **Location :** 5 519 A **Admission Date :** 08/11/2025  
**Medical Record # :** 6253 800 087RP **Gender :** M **Date of Birth :** 03/03/1942  
**Physician :** Ng, Albert Patrick **Pharmacy :** MediSystem London IMM  
**Allergies :** Varenicline  
**Diagnoses :** Vascular dementia, unspecified(F01.9), Stroke, not specified as haemorrhage or infarction(I64), Chronic obstructive pulmonary disease, unspecified(J44.9), Benign hypertension(I10.0), Atherosclerotic heart disease of native coronary artery(I25.10), Anxiety disorder, unspecified(F41.9), Depressive episode, unspecified(F32.9), Carcinoma in situ of prostate(D07.5), Person injured in unspecified vehicle accident(V89.9), Presence of prosthetic heart valve(Z95.2), Presence of coronary angioplasty implant and graft(Z95.5), Seizure disorder, so described(R56.80)

Effective Date: 10/02/2025 21:16 Type: Behaviour Note

**Behaviour Displayed :** Mohammad refused to be changed since 1500.

**Intervention :** HCA approached 5 times, PRN medication given, even though a male HCA Brain came to help, the resident still refused.

**Time, Frequency and # of Staff :** 3 hrs, 6 times, 7 staff involved.

**Evaluation of Intervention :** The previous 5 times did not work, only last time work.

**Resident Response :**

Author:Lucy(Xifeng)Lu Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/01/2025 06:15 Type: Behaviour Note

**Behaviour Displayed :** Resident was wandering and walking on the floor throughout the night shift.

Did not sleep during the night shift.

**Intervention :** Redirected resident to his room but resident did not stay in his room.

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :** Ineffective

**Resident Response :** Resident remained awake and calm during the night shift.

Author:Simran Patel Nursing - Registered Nurse [e-SIGNED]

Signature: \_\_\_\_\_

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Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Bacvanski, Branka (922131005611)	Location :	4 422 A	Admission Date :	01/21/2025
Medical Record # :	2153 894 387YM	Gender :	F	Date of Birth :	07/12/1946
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	No Known Allergies				
Diagnoses :	Benign hypertension(I10.0), Cachexia(R64), Thrombocytopenia, unspecified(D69.6), Atrial septal defect(Q21.1), Other specified diabetes mellitus without (mention of) complication(E13.9), Stroke, not specified as haemorrhage or infarction(I64), Unspecified fracture of neck of femur, closed(S72.090), Lipoprotein deficiency(E78.6), Seizure disorder, so described(R56.80), Paranoid personality disorder(F60.0)				

Effective Date: 10/21/2025 15:35 Type: Responsive Behaviour Assessment  
Summary

**Note Text :** Branka Bacvanski 422-A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: RED (HIGH RISK) and a Potential Threat to: Self & Others

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Branka Bacvanski's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = No

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author:Rana Maghnieh Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

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Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Bonneville, Doris (922131005375)	Location :	3 306 A	Admission Date :	07/17/2020
Medical Record # :	4689 689 935PY	Gender :	F	Date of Birth :	11/23/1921
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	Ciprofloxacin, Penicillin				
Diagnoses :	Headache(R51), Osteoporosis, unspecified(M81.9), Depressive episode, unspecified(F32.9), Anxiety disorder, unspecified(F41.9), Mild cognitive disorder(F06.7), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0)				

Effective Date: 10/16/2025 06:58 Type: Responsive Behaviour Assessment Summary

**Note Text :** Doris Bonneville 306-A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: GREEN (MINIMAL TO NO RISK) and a Potential Threat to:

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Doris Bonneville's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; , Social Services Coordinator; , Psychogeriatric Resource Consultant; .

Care Plan Updated =

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

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Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Broom, Erna (922131005668)	Location :	5 521 A	Admission Date :	10/16/2025
Medical Record # :	8881 997 798LY	Gender :	F	Date of Birth :	04/12/1949
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	No Known Allergies				
Diagnoses :	Unspecified dementia(F03), Anxiety disorder, unspecified(F41.9), Bipolar affective disorder, unspecified(F31.9), Hyperlipidaemia, unspecified(E78.5), Cataract, unspecified(H26.9)				

Effective Date: 10/22/2025 13:14 Type: Responsive Behaviour Assessment  
Summary

**Note Text :** Erna Broom 521-A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: GREEN (MINIMAL TO NO RISK) and a Potential Threat to:

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Erna Broom's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = Yes

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author:Emma Rigakos Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

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Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Brunelle, Donald (922131005634)

Location : 5 501 A

Admission 05/28/2025

Medical Record # : 1277 656 532BH

Gender : M

Date :

Date of Birth : 08/04/1953

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : Ceclor, Cipro

Diagnoses : Unspecified dementia(F03), Intracranial injury, unspecified(S06.9), Benign hypertension(I10.0), Pure hypercholesterolaemia(E78.0), Anxiety disorder, unspecified(F41.9), Depressive episode, unspecified(F32.9), Other specified diabetes mellitus without (mention of) complication (E13.9), Primary generalized (osteo)arthrosis(M15.0)

Effective Date: 10/16/2025 13:35 Type: Behaviour Note

**Behaviour Displayed** : Writer saw the resident on the main floor talking to other staff and telling he wants to leave this building.he wants to go for walk.writer and other staff tried to convince him.but he was yelling he wants to go for walk.

**Intervention** : tried to talk and convince the resident.Resident was not convincing .ED L came and talked to him and took him for a walk

**Time, Frequency and # of Staff** :

**Evaluation of Intervention** :

**Resident Response** : At the time he is going for walk with ED .resident is calm

Author:Betsi Tony Nursing - RN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/16/2025 13:23 Type: Behaviour Note

**Behaviour Displayed** : Writer saw the resident on the main floor talking to other staff and telling he wants to leave this building.he wants to go for walk.writer and other staff tried to convince him.but he was yelling he wants to go for walk.

**Intervention** : ED Lindsey came and talk to the resident and he agreed to go with ED for walk

**Time, Frequency and # of Staff** :

**Evaluation of Intervention** :

**Resident Response** : The resident was calm and settled after the conversation with the ED.went out with her for a walk.plan of care ongoing

Author:Betsi Tony Nursing - RN [e-SIGNED]

Signature: \_\_\_\_\_

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Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Cadarette, Natalee (92213100608)	Location :	4 412 A	Admission Date :	10/14/2019
Medical Record # :	8372 991 177GH	Gender :	F	Date of Birth :	02/27/1963
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	Codeine, Iodine, Pantoloc, Reglan, Contrast Dye, Fragrance, Environmental				
Diagnoses :	Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Stroke, not specified as haemorrhage or infarction(I64), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Hemiplegia of unspecified type of unspecified [unilateral] side(G81.99), Seizure disorder, so described(R56.80)				

Effective Date: 10/05/2025 09:33 Type: Behaviour Note

**Behaviour Displayed :** The resident accusing staff and other resident that they are being verbal or yelling at her. While going down for breakfast, she interacted with another resident. She reported to writer and PSW K that she was called a " Bitch" while talking to this resident. When she came back on the floor she was heard yelling at another resident to not go into her room. The writer intervened and lead the resident J.D away. The writer calmly sated that the resident was going towards the side to let you pass. She then stated Do not yell at me.

**Intervention :** Calm listening and reapproaching the resident when she is calm.

**Time, Frequency and # of Staff :** 0700-0900, all staff members on the floor involved.

**Evaluation of Intervention :** The resident is calm at this time, however when talking to her she is emotional blaming everyone around her that everything that has happened is every bodies fault.

**Resident Response :** NO other issues at this time. She is in her room.

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

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Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Cassin, Rina (922131005045)

Location : 8 821 A

Admission 11/07/2018

Medical Record # : 4228 309 318CK

Gender : F

Date :

Date of Birth : 05/20/1942

Physician : Liang, Wallace

Pharmacy : MediSystem London IMM

Allergies : Tetracycline, Sulfa Antibiotics

Diagnoses : Arthritis, unspecified, unspecified site(M13.99), Atherosclerotic heart disease of native coronary artery(I25.10), Congestive heart failure(I50.0), Rheumatoid arthritis, unspecified(M06.9), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Hypothyroidism, unspecified(E03.9), Lymphoedema, not elsewhere classified(I89.0), Chronic viral hepatitis C(B18.2), Dehydration(E86.0), Acute renal failure, unspecified(N17.9), Suspiciousness and marked evasiveness(R46.5), Unspecified dementia(F03)

Effective Date: 10/18/2025 10:34 Type: Behaviour Note

#### LATE ENTRY

**Behaviour Displayed :** The resident observed repeatedly waking her roommate, insisting that the roommate wanted coffee. Despite the roommate being visibly asleep, the resident continued to disturb her, attempting to engage her verbally.

**Intervention :** Writer approached the resident and explained that her roommate was currently sleeping and had not requested coffee. The resident was calmly redirected away from the sleeping roommate. Writer offered the resident a cup of water instead.

**Time, Frequency and # of Staff :** During rounds.

**Evaluation of Intervention :** The resident continued to show some confusion regarding her roommate's needs but accepted the redirection with minimal resistance. The roommate was able to remain resting without further disturbance.

**Resident Response :** The resident appeared slightly confused but accepted the explanation after redirection. She took the offered water and engaged briefly on staff. No further attempts to wake the roommate were observed during the shift.

Author:Heidhy Dumincil Nursing - Registered Practical Nurse [e-SIGNED]

Signature: \_\_\_\_\_



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User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Charron, Dore (922131005583) Location : 2 207 A Admission 09/11/2024  
Medical Record # : 8162 480 738JD Gender : M Date :  
Physician : Ng, Albert Patrick Pharmacy : MediSystem London IMM Date of Birth : 05/01/1932  
Allergies : Aspirin, Benadryl, Claritin, Apples, Tomatoes, Actifed, Alavert, Sulfonamide  
Diagnoses : Carcinoma in situ of prostate(D07.5), Epilepsy, unspecified, not stated as intractable(G40.90), Unspecified dementia(F03), Hyperlipidaemia, unspecified(E78.5), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Degeneration of macula and posterior pole(H35.3), Malignant neoplasm of skin, unspecified(C44.9), Osteoporosis, unspecified(M81.9), Unspecified fracture of malar and maxillary bones, closed(S02.490), Blepharitis(H01.0), Congestive heart failure(I50.0), Dermatitis, unspecified(L30.9), Cellulitis, unspecified(L03.9), Primary generalized (osteo)arthrosis(M15.0)

Effective Date: 10/20/2025 13:39 Type: Behaviour Note

**Behaviour Displayed :** The resident behaviour escalated around 1000-1130. he continued to climb out of the chair, and when staff intervened the resident started being combative by kicking or grabbing the hands firmly of the staff. He continues to spit his medication and food.

**Intervention :** The staff have provided reassurance comfort music and repositioned him several times

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :** Music has helped him settled but still has episodes of restlessness and agitation.

**Resident Response :** @ 1330, the resident has calm down. The resident has not tried to pull hypoderm. Will inform oncoming staff.

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/20/2025 08:51 Type: Behaviour Note

**Behaviour Displayed :** The resident awake at 0600 sitting by the nursing station. The resident has not been sleeping, resisting care, being combative and trying to climb out of his chair. He has been found leaning at the edge of his chair multiple times and staff including writer reposition him . He has also been refusing medications, spitting them back out. Ate and drank poorly this AM

**Intervention :** Repositioning, close monitoring, music therapy ,

**Time, Frequency and # of Staff :** 0600 - 07000, 0745-0800. All staff have intervened.

**Evaluation of Intervention :** Music therapy has been the most effective the resident has settled a bit more, however still does try to climb out of the chair. Staff respond well with repositioning the resident when he does so. The resident has not been combative, chair alarm in place.

**Resident Response :** The resident remains near the nursing station. Still has not slept. Close monitoring at all times.

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/17/2025 20:18 Type: Behaviour Note

**Behaviour Displayed :** Resident continued disrobing several times

**Intervention :** PSW continued putting it back on him

**Time, Frequency and # of Staff :** 2 times before supper and 2 times after supper

**Evaluation of Intervention :** Resident is okay now, he left his clothes on.

**Resident Response :**

Author:Grace Okoh Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Charron, Dore (922131005583)	Location :	2 207 A	Admission Date :	09/11/2024
Medical Record # :	8162 480 738JD	Gender :	M	Date of Birth :	05/01/1932
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	Aspirin, Benadryl, Claritin, Apples, Tomatoes, Actifed, Alavert, Sulfonamide				
Diagnoses :	Carcinoma in situ of prostate(D07.5), Epilepsy, unspecified, not stated as intractable(G40.90), Unspecified dementia(F03), Hyperlipidaemia, unspecified(E78.5), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Degeneration of macula and posterior pole(H35.3), Malignant neoplasm of skin, unspecified(C44.9), Osteoporosis, unspecified(M81.9), Unspecified fracture of malar and maxillary bones, closed(S02.490), Blepharitis(H01.0), Congestive heart failure(I50.0), Dermatitis, unspecified(L30.9), Cellulitis, unspecified(L03.9), Primary generalized (osteo)arthrosis(M15.0)				

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User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Chase, Aszrlee (922131005547)

Location : 2 212 A

Admission 12/15/2023

Medical Record # : 4175 635 491KY

Gender : F

Date :

Date of Birth : 09/07/1944

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : Ciprofloxacin, Penicillins

Diagnoses : Unspecified dementia(F03), Orthostatic hypotension(I95.1)

Effective Date: 10/10/2025 11:27 Type: Responsive Behaviour Assessment  
Summary

**Note Text :** Aszrlee Chase 212-A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: RED (HIGH RISK) and a Potential Threat to:

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Aszrlee Chase's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; Yes, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = No

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author: Rana Maghnieh Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

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Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Chine, Nicola (922131005632)

Location : 7 703 A

Admission 05/15/2025

Medical Record # : 8905 572 098PW

Gender : M

Date :

Date of Birth : 12/06/1934

Physician : Liang, Wallace

Pharmacy : MediSystem London IMM

Allergies : No Known Allergies

Diagnoses : Benign hypertension(I10.0), Benign neoplasm of prostate(D29.1), Other retinal artery occlusions(H34.2), Atrial fibrillation, unspecified(I48.90), Depressive episode, unspecified(F32.9), Carcinoma in situ of prostate(D07.5), Unspecified dementia(F03)

Effective Date: 10/18/2025 22:10 Type: Behaviour Note

**Behaviour Displayed** : PSW Alysa informed the writer at 4:30 pm that she saw a resident coming out from the elevator.

The writer saw the resident last at about 4:10 pm, walking on the floor.

**Intervention** : Upon the resident's arrival on the floor, the writer checked the resident's vital signs BP: 116/63, R:17, T: 36.4, P: 64.

The writer informed the on call manager and POA about it.

POA requested if the resident gets the wanderguard.

**Time, Frequency and # of Staff** : 1

**Evaluation of Intervention** : Resident is on temporary safety checks every hour for the 72 hours.

**Resident Response** : The resident was calm.

Author:Simran Patel Nursing - Registered Nurse [e-SIGNED]

Signature: \_\_\_\_\_

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Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Dale, Stella (922131005669)

Location : 8 811 A

Admission 10/21/2025

Medical Record # : 4443 345 410JX

Gender : F

Date :

Date of Birth : 01/11/1937

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : No Known Allergies

Diagnoses : Degeneration of macula and posterior pole(H35.3), Unspecified dementia(F03), Atrial fibrillation, unspecified(I48.90), Transient cerebral ischaemic attack, unspecified(G45.9), Immobility(R26.3), Arthritis, unspecified, unspecified site(M13.99), Congestive heart failure(I50.0)

Effective Date: 10/23/2025 12:49 Type: Behaviour Note

**Behaviour Displayed :** New Admission Day 3 - Respite October 21-31, 2025

At approximately 0724, a resident coughed while in the south hallway and Stella was verbally abusive ("shut up asshole"), socially inappropriate (yelling, swearing), made negative statements ("you're stupid") and had persistent anger with others while she was in the Floor 8 Dining Room.

**Intervention :** Interventions outlined in the Care Plan were effective

**Time, Frequency and # of Staff :** Approximately 5 minutes and RPN (Kenya)

**Evaluation of Intervention :** Effective

**Resident Response :** Stella sat in the Dining Room and looked out of the window.

Author:Kenya Mosely Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/22/2025 13:16 Type: Behaviour Note

**Behaviour Displayed :** New Admission Day 2 - Respite October 22-31, 2025

During the day shift, Stella displayed the following: verbally abusive, socially inappropriate (yelling, swearing, degrading), resisted care, made negative statements ("you're stupid", "what's wrong with you", "you look like a zombie", "you could never be a lawyer", "who do you think you're looking at", "shut your mouth", "you can't be Canadian") and persistent anger with others.

**Intervention :** Interventions outlined in the Care Plan were followed and were only effective for a short period of time.

**Time, Frequency and # of Staff :** Throughout the day shift with RPN (Kenya), PSWs (Cassandra, Innocent, Teagan, Aaron).

**Evaluation of Intervention :** Effective for a short period of time.

**Resident Response :** At this time, Stella is in the Floor 8 Dining Room sitting near the window. Her vitals have been obtained and recorded in PCC. Oncoming staff will be informed.

Author:Kenya Mosely Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Demcie, Jo-Ann (922131005519)	Location :	6 621 C	Admission Date :	12/28/2024
Medical Record # :	3672 655 978AF	Gender :	F	Date of Birth :	04/21/1937
Physician :	Ng, Roseanne	Pharmacy :	MediSystem London IMM		
Allergies :	Ciprofloxacin, Penicillin, Zopiclone				
Diagnoses :	Type 2 diabetes mellitus without (mention of) complications(E11.9), Arthritis, unspecified, unspecified site(M13.99), Benign hypertension (I10.0), Atherosclerotic heart disease of native coronary artery(I25.10), Transient cerebral ischaemic attack, unspecified(G45.9), Hyperlipidaemia, unspecified(E78.5), Acute renal failure, unspecified(N17.9), Resistance to methicillin(U82.1), Pseudomonas (aeruginosa) as the cause of diseases classified to other chapters(B96.5), Lobar pneumonia, unspecified(J18.1)				

Effective Date: 10/01/2025 10:56 Type: Responsive Behaviour Assessment Summary

**Note Text :** Jo-Ann Demcie 621-C has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: YELLOW (MODERATE RISK) and a Potential Threat to:

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Jo-Ann Demcie's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = Yes

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author:Emma Rigakos Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Ferland, Geraldine (922131005511) Location : 6 610 A Admission 06/05/2023

Medical Record # : 7149 183 795WY

Gender : F

Date :

Date of Birth : 12/06/1925

Physician : Ng, Roseanne

Pharmacy : MediSystem London IMM

Allergies : No Known Allergies

Diagnoses : Stroke, not specified as haemorrhage or infarction(I64), Primary generalized (osteo)arthrosis(M15.0), Benign hypertension(I10.0), Unspecified dementia(F03), Transient cerebral ischaemic attack, unspecified(G45.9), Diverticular disease of intestine, part unspecified, without perforation or abscess(K57.9), Hyperlipidaemia, unspecified(E78.5), Chronic obstructive pulmonary disease, unspecified(J44.9), Rosacea, unspecified(L71.9), Acute upper respiratory infection, unspecified(J06.9), Traumatic vasospastic syndrome(T75.21)

Effective Date: 10/24/2025 04:37 Type: Behaviour Note

**Behaviour Displayed :** The resident remained awake and confused until around 3 am.

The resident was repeatedly calling out "Hello Hello". Upon asking she stated "I don't belong here. I need to go home. I don't want to sleep at some random place".

The resident continued to vocalize and subsequently sat at the edge of the bed.

After some conversations, the resident reported pain in her knees.

**Intervention :** Multiple redirection and explanation attempted by the PSW and writer.

Reorient the resident to the place, reminded that this is her bedroom.

PRN Tylenol given for the Pain.

**Time, Frequency and # of Staff :** 10:30 pm-3 am

**Evaluation of Intervention :** Resident settled and fell asleep after 3 am.

**Resident Response :** No concerns reported afterwards.

resident is sleeping comfortably in her bed.

Author:Simran Patel Nursing - Registered Nurse [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Gelinas, Robyn (922131005461)	Location :	8 822 A	Admission Date :	04/11/2022
Medical Record # :	6774 812 066LE	Gender :	F	Date of Birth :	01/18/1968
Physician :	Liang, Wallace	Pharmacy :	MediSystem London IMM		
Allergies :	No Known Allergies				
Diagnoses :	Unspecified dementia(F03), Hearing loss, unspecified(H91.9), Epilepsy, unspecified, not stated as intractable(G40.90), Seizure disorder, so described(R56.80), Chronic post-traumatic headache(G44.3), Personal history of drug abuse(Z86.41), Anxiety disorder, unspecified(F41.9), Diffuse brain injury with open intracranial wound(S06.26), Chronic obstructive pulmonary disease, unspecified(J44.9), Unspecified fracture of neck of femur, closed(S72.090)				

Effective Date: 10/17/2025 17:14 Type: Behaviour Note

**Behaviour Displayed :** PSW Brian informed writer that resident was sitting in the dining room beside another resident R.C. Resident then asked R.C for \$20 and R.C responded by saying "I don't have any", but resident has difficulty hearing and tends to get upset when she is not understanding. Resident then hit R.C on her left arm and was swearing.

**Intervention :** Both residents were separated. PRN administered to resident and she is currently settled. CN informed. POA and Dr. Liang informed.

**Time, Frequency and # of Staff :** @1714

Once

1 staff

**Evaluation of Intervention :** Resident had settled down after separation and PRN administration.

**Resident Response :** Resident settled

Author:Antoinette Simpson Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/16/2025 07:01 Type: Responsive Behaviour Assessment  
Summary

**Note Text :** Robyn Gelinas 822-A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: RED (HIGH RISK) and a Potential Threat to: Others

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Robyn Gelinas's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = Yes

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author:Kenya Mosely Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_



Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Lafontaine, Roxanne (922131005470) Location : 8 808 A Admission : 06/09/2022  
Medical Record # : 1487 485 193HT Gender : F Date :  
Physician : Liang, Wallace Pharmacy : MediSystem London IMM Date of Birth : 08/29/1958  
Allergies : Keflex  
Diagnoses : Other and unspecified injury of muscle(s) and tendon(s) of the rotator cuff of shoulder(S46.08), Arthritis, unspecified, unspecified site(M13.99), Tremor, unspecified(R25.1), Idiopathic peripheral autonomic neuropathy(G90.0), Spinal stenosis, unspecified site(M48.09), Constipation(K59.0), Other seasonal allergic rhinitis(J30.2), Anxiety disorder, unspecified(F41.9), Personal history of other psychoactive substance abuse(Z86.48), Depressive episode, unspecified(F32.9), Bipolar affective disorder, unspecified(F31.9), Pain, unspecified(R52.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Post-traumatic stress disorder(F43.1), Paranoid personality disorder(F60.0)

Effective Date: 10/22/2025 12:29 Type: Behaviour Note

**Behaviour Displayed :** 2 Police officers came to talk to resident with Badge number 20203.As officer resident told them that she already through away the pipe and don't have anything at this time.Officers left and instructed to call them again if needed at this point no interventions needed.

**Intervention :**

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :**

**Resident Response :**

Author:Gurjit Kaur Nursing - RN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/22/2025 11:23 Type: Behaviour Note

**Behaviour Displayed :** Informed by unit nurse that resident have drug paraphernalia (1 glass pipes and some type of vape device) was seen on her comforter.

**Intervention :** When writer went to talk to resident with PSW Innocent then she refused to have anything and to check her stuff.And start asking for help to get change.Staff was informed about resident request.Non Emergency police contacted at 11:22 .Case number 112449 received but police stated it might take while for them to come.Unit staff notified.

**Time, Frequency and # of Staff :** 5mins with PSW Innocent

**Evaluation of Intervention :** waiting for Police

**Resident Response :**

Author:Gurjit Kaur Nursing - RN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/22/2025 11:02 Type: Behaviour Note

**Behaviour Displayed :** At approximately 1045, writer entered room 808 to administer medications to Roxanne that she requested. She was riffling through her purse and drug paraphernalia (1 glass pipes and some type of vape device) was seen on her comforter.

**Intervention :** The Charge Nurse (Gurjit) was contacted at 1051 and states she will be up to the unit.

**Time, Frequency and # of Staff :** Approximately 5 minutes while writer was in the room.

**Evaluation of Intervention :** At this time, the Charge Nurse (Gurjit) is attending to the incident.

**Resident Response :** At this time, the Charge Nurse (Gurjit) is attending to the incident.

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Lafontaine, Roxanne (922131005470)

Location : 8 808 A

Admission 06/09/2022

Medical Record # : 1487 485 193HT

Gender : F

Date :

Date of Birth : 08/29/1958

Physician : Liang, Wallace

Pharmacy : MediSystem London IMM

Allergies : Keflex

Diagnoses : Other and unspecified injury of muscle(s) and tendon(s) of the rotator cuff of shoulder(S46.08), Arthritis, unspecified, unspecified site(M13.99), Tremor, unspecified(R25.1), Idiopathic peripheral autonomic neuropathy(G90.0), Spinal stenosis, unspecified site(M48.09), Constipation(K59.0), Other seasonal allergic rhinitis(J30.2), Anxiety disorder, unspecified(F41.9), Personal history of other psychoactive substance abuse(Z86.48), Depressive episode, unspecified(F32.9), Bipolar affective disorder, unspecified(F31.9), Pain, unspecified(R52.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Post-traumatic stress disorder(F43.1), Paranoid personality disorder(F60.0)

Author:Kenya Mosely Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Lesperance, Paul (922131002955)	Location :	4 425 A	Admission Date :	11/16/2007
Medical Record # :	1671 320 735GT	Gender :	M	Date of Birth :	02/06/1959
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	Penicillins				
Diagnoses :	Schizophrenia, unspecified(F20.9), Depressive episode, unspecified(F32.9), Bipolar affective disorder, unspecified(F31.9), Seizure disorder, so described(R56.80), Constipation(K59.0), Gastro-oesophageal reflux disease without oesophagitis(K21.9)				

Effective Date: 10/22/2025 20:57 Type: Behaviour Note

**Behaviour Displayed :** Resident was found smoking in his room and in hallway, was redirected and reminded him not to do so. Will continue to monitor.

**Intervention :**

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :**

**Resident Response :**

Author:Shabnam Mustary Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/13/2025 14:44 Type: Behaviour Note

**Behaviour Displayed :** Paul was witnessed by an entire room full of people lighting a joint up in the activity room during music therapy.

**Intervention :** Education was provided, not to smoke indoors, to resident even though he denied lighting the weed smoke in front of several staff and 20 other residents.

**Time, Frequency and # of Staff :** 2 people 1 min

**Evaluation of Intervention :** The resident said "ya, ok I will go outside."

**Resident Response :** Paul denied doing anything but reported again he would wait and go outside.

Author:Tammy Reaume Nursing - Registered Nurse [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Martin, David (922131005666)	Location :	5 519 C	Admission Date :	10/09/2025
Medical Record # :	1041 361 294VT	Gender :	M	Date of Birth :	01/21/1953
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	Shingrix				
Diagnoses :	Alzheimer's disease, unspecified(G30.9), Pure hypercholesterolaemia(E78.0), Gastro-oesophageal reflux disease without oesophagitis (K21.9), Hypothyroidism, unspecified(E03.9), Malignant neoplasm of prostate(C61)				

Effective Date: 10/22/2025 21:36 Type: Behaviour Note

**Behaviour Displayed :** Around 20:05, David tried to wander in room 502 while resident (Y.L) was sitting on a coach near her room door and verbal to stop him in then stood up and hold his Rt. front arm.

**Intervention :** Staff directed them and separated them and no further arguing.

**Time, Frequency and # of Staff :** 5 min. one time and 4 staff involved.

**Evaluation of Intervention :** Effective.

**Resident Response :**

Author:Lucy(Xifeng)Lu Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/09/2025 14:34 Type: Responsive Behaviour Assessment Summary

**Note Text :** David Martin 519-C has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: GREEN (MINIMAL TO NO RISK) and a Potential Threat to:

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to David Martin's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = No

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author:Gurjit Kaur Nursing - RN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	McGuin, Peter (922131005303)	Location :	4 401 B	Admission Date :	11/12/2019
Medical Record # :	7932 142 958BH	Gender :	M	Date of Birth :	06/17/1965
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	No Known Allergies				
Diagnoses :	Gastro-oesophageal reflux disease without oesophagitis(K21.9), Cardiac murmur, unspecified(R01.1), Atrial fibrillation, unspecified(I48.90), Iron deficiency anaemia, unspecified(D50.9), Depressive episode, unspecified(F32.9), Schizophrenia, unspecified(F20.9), Benign hypertension(I10.0), Traumatic amputation of two or more fingers alone (complete)(partial)(S68.2), Venous insufficiency (chronic) (peripheral)(I87.2), Other lipid storage disorders(E75.5), Other specified acquired deformities of limbs, hand(M21.84), Disorders of initiating and maintaining sleep [insomnias](G47.0), Type 2 diabetes mellitus with poor control, so described(E11.64)				

Effective Date: 10/09/2025 11:39 Type: Behaviour Note

**Behaviour Displayed :** The resident refusing to be changed. He is to go to the cemetery to visit his parents. He will be escorted with social workers. The writer and PSW A have spoken to the resident and also offered assistance to change him, but he continued to refuse

**Intervention :** REassurance, education and approaching several times.

**Time, Frequency and # of Staff :** 1120-1140, the resident approached 2 times, once by the psw and another time with the writer

**Evaluation of Intervention :** Ineffective

**Resident Response :** The resident stated " I am just visiting my parents graves that's it" He then left the floor.

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Oglan, Lori (922131005665)

Location : 5 512 A

Admission 10/08/2025

Medical Record # : 7440 432 594LD

Gender : F

Date :

Date of Birth : 07/06/1955

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : Clavulanic Acid, Clindamycin, Avelox, Flagyl, Macrolides and Ketolides, Sulfa Antibiotics

Diagnoses : Other specified diabetes mellitus without (mention of) complication(E13.9), Bipolar affective disorder, unspecified(F31.9), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Oedema, unspecified(R60.9), Alzheimer's disease, unspecified(G30.9), Lipid storage disorder, unspecified(E75.6), Resistance to other specified extended spectrum betalactam antibiotics(U82.28), Chronic intractable pain(R52.1), Obesity, unspecified(E66.9), Migraine, unspecified(G43.9), Other fusion of spine, multiple sites in spine(M43.20), Other and unspecified intestinal obstruction(K56.6), Acquired absence of genital organ(s)(Z90.7), After-cataract(H26.4), Presence of artificial hip(Z96.60)

Effective Date: 10/18/2025 10:54 Type: Responsive Behaviour Assessment Summary

**Note Text :** Lori Oglan 512-A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: GREEN (MINIMAL TO NO RISK) and a Potential Threat to:

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Lori Oglan's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = Yes

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author:Emma Rigakos Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/16/2025 21:24 Type: Behaviour Note

**Behaviour Displayed :** Resident's colostomy flanges coming off and leaking frequently, was changed but started leaking right after, applied towel on top, will continue to monitor.

**Intervention :**

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :**

**Resident Response :**

Author:Shabnam Mustary Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Patel, Balubhai (922131005664)	Location :	5 501 B	Admission Date :	10/02/2025
Medical Record # :	6912 328 777VL	Gender :	M	Date of Birth :	08/15/1945
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	No Known Allergies				
Diagnoses :	Alzheimer's disease, unspecified(G30.9), Atherosclerotic heart disease of native coronary artery(I25.10), Unspecified diabetes mellitus with poor control, so described(E14.64), Hypothyroidism, unspecified(E03.9), Other specified surgical follow-up care(Z48.8)				

Effective Date: 10/02/2025 15:17 Type: Responsive Behaviour Assessment  
Summary

**Note Text :** Balubhai Patel 501-B has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: YELLOW (MODERATE RISK) and a Potential Threat to: Self

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Balubhai Patel's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = No

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author: Gurjit Kaur Nursing - RN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Pringle, George (922131005667)	Location :	2 218 A	Admission Date :	10/15/2025
Medical Record # :	9041 630 543HA	Gender :	M	Date of Birth :	07/31/1959
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	Onions, Peppers, Laundry products that contain perfume/scents				
Diagnoses :	Vascular dementia, unspecified(F01.9), Need for assistance due to reduced mobility(Z74.0), Constipation(K59.0), Atopic dermatitis, unspecified(L20.9), Benign hypertension(I10.0), Primary generalized (osteo)arthrosis(M15.0), Peripheral vascular disease, unspecified(I73.9), Chondromalacia patellae(M22.4), Carrier of other infectious diseases(Z22.8), Insufficient intake of food and water(R63.6), Polyneuropathy, unspecified(G62.9)				

Effective Date: 10/17/2025 10:51 Type: Responsive Behaviour Assessment  
Summary

**Note Text :** George Pringle 218-A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: YELLOW (MODERATE RISK) and a Potential Threat to:

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to George Pringle's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = Yes

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author:Emma Rigakos Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_



Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Rawlings, John (922131005657)	Location :	4 424 B	Admission Date :	08/20/2025
Medical Record # :	1652 256 155RP	Gender :	M	Date of Birth :	02/08/1953
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	No Known Allergies				
Diagnoses :	Multiple sclerosis(G35), Other specified diabetes mellitus without (mention of) complication(E13.9), Benign hypertension(I10.0), Asthma, unspecified, without stated status asthmaticus(J45.90), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Paraesthesia of skin(R20.2), Chronic intractable pain(R52.1), Carcinoma in situ of skin of ear and external auricular canal(D04.2), Chronic obstructive pulmonary disease, unspecified(J44.9)				

Effective Date: 10/19/2025 20:10 Type: Behaviour Note

**Behaviour Displayed :** New order from last night to get urine sample for c/s and UA. The resident already aware and had consented to the order last night. Today the resident has been offered to use washroom to urinate, but multiple times during the shift the resident was incapable of urinating into the sample bottle. He was capable of peeing in the toilet once sitting. The writer advised that we use an in and out catheter, but the resident hesitant on using it. The resident stated " I don't know it's going to hurt". Around 1945 PSW D, S and the writer tried getting a sample but unable to stand properly to urinate into the bottle. The writer advised him again that we use an in/out catheter. He ignored the writer and went to his room . AT 2000 the resident came out of his room with at least 300 ml of urine in his urinal. He ask if they could just use this for a sample. The writer informed him that it needs to be in the sample bottle or else it is contaminated. The resident was visibly upset and in disbelief.

**Intervention :** Education was provided to him the use of the in and out catheter. The resident was toileted at least 3-4 times this shift.

**Time, Frequency and # of Staff :** The writer tried while the resident in the toilet at 1800, 1830, and at 1945. PSW were D, s and writer were present

**Evaluation of Intervention :** Ineffective the resident is now refusing to have sample done via catheter

**Resident Response :** Once the resident was in bed, the writer asked once more if we can obtain his urine via catheter. The resident looked away from the writer brush the writer away stating " I don't know" The writer asked again if that is a yes or no. The resident ignored the writer. No other issues noted.

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Renaud, Loretta (922131005029)

Location : 4 415 A

Admission 06/28/2025

Medical Record # : 3483 057 216MW

Gender : F

Date :

Date of Birth : 04/04/1974

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : Loxapine, Haldol, Sulfa Antibiotics, Contrast Dye

Diagnoses : Seizure disorder, so described(R56.80), Other specified diseases of pancreas(K86.8), Other specified disorders of brain(G93.88), Other depressive episodes(F32.8), Other specified diabetes mellitus without (mention of) complication(E13.9), Anxiety disorder, unspecified(F41.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Embolism and thrombosis of other specified veins(I82.8), Other chronic pain (R52.2), Hemiplegia of unspecified type of dominant side(G81.90), Stroke, not specified as haemorrhage or infarction(I64), Fatigue fracture of vertebra, sacral and sacrococcygeal region(M48.48), Osteoporosis, unspecified(M81.9), Hepatomegaly, not elsewhere classified(R16.0), Retention of urine(R33), Status epilepticus, unspecified(G41.9), Schizophrenia, unspecified(F20.9), Phlebitis and thrombophlebitis of superficial vessels of lower extremities(I80.0)

Effective Date: 10/22/2025 21:09 Type: Behaviour Note

**Behaviour Displayed :** Resident was off and on unit, driving her wheelchair very unsafely, asked her to stay on floor but refused, very weak, will continue to monitor.

**Intervention :**

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :**

**Resident Response :**

Author:Shabnam Mustary Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/10/2025 07:58 Type: Behaviour Note

**Behaviour Displayed :** Resident was arguing with staff today in regards to obtaining ownership of a wheelchair that belonged to another resident on her home area. She became agitated when team attempted to redirect her and was verbally responsive to RPN, PSW and Charge nurse. Resident transferred self into power wheelchair that belonged to another resident from her home area (S.N.) and drove down hall and down the elevator and outside to resident patio.

**Intervention :** Writer notified by phone to assist with resident behaviour and to redirect her out of the wheelchair. Writer spoke to resident and explained that if chair was going to be donated to her by the resident's sister then we need to speak with her directly. Asked resident to return to home area with the wheelchair and transfer back to her chair with PSW assistance until it could be confirmed. Resident was adamant that the chair was being donated to her by other resident's family. Explained to her the chair would need modifications to best suit her body and driving abilities.

**Time, Frequency and # of Staff :** 15 minutes spent with resident to redirect outside on patio by writer, Charge nurses HP and BT.

**Evaluation of Intervention :** Returned to home area with PSW 1:1 SJ at 0755

**Resident Response :**

Author:Alyssa Egan Nursing - Interim ADOC [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/10/2025 07:55 Type: Behaviour Note

**Behaviour Displayed :** Floor nurse called writer to come and talk to resident, As resident was going to transfer self to another resident's w/c (S. N) Stating that resident's Sister gave W/c to her.

When writer went to the floor , found resident to her rm:415, sitting on S.N's electric W/C.

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Renaud, Loretta (922131005029)

Location : 4 415 A

Admission 06/28/2025

Medical Record # : 3483 057 216MW

Gender : F

Date :

Date of Birth : 04/04/1974

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : Loxapine, Haldol, Sulfa Antibiotics, Contrast Dye

Diagnoses : Seizure disorder, so described(R56.80), Other specified diseases of pancreas(K86.8), Other specified disorders of brain(G93.88), Other depressive episodes(F32.8), Other specified diabetes mellitus without (mention of) complication(E13.9), Anxiety disorder, unspecified(F41.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Embolism and thrombosis of other specified veins(I82.8), Other chronic pain (R52.2), Hemiplegia of unspecified type of dominant side(G81.90), Stroke, not specified as haemorrhage or infarction(I64), Fatigue fracture of vertebra, sacral and sacrococcygeal region(M48.48), Osteoporosis, unspecified(M81.9), Hepatomegaly, not elsewhere classified(R16.0), Retention of urine(R33), Status epilepticus, unspecified(G41.9), Schizophrenia, unspecified(F20.9), Phlebitis and thrombophlebitis of superficial vessels of lower extremities(I80.0)

Intervention : Writer and fellow charge nurse spoke with resident but resident got agitated and started shouting N.S 's Sister gave me this chair, and i am gonna use it,".

Writer explained that " we still to confirm it as well as physio needs to do assessment before you start using it".

Resident was not in a mood to listen it. And left the floor

Time, Frequency and # of Staff : 15mins, 3 staff

Evaluation of Intervention : Informe to ADOC to talk with resident

Resident Response : In-effective

Author:Hetal Patel Nursing - RN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/10/2025 07:26 Type: Behaviour Note

Behaviour Displayed : At approximately 0730, PSW Summerlyn informed the writer of a concern involving Resident in relation to the electric chair located in room 421C.

The writer approached the resident to clarify the situation and explained that we would need to follow up with the management team and the family to confirm whether the electric chair had been officially donated to her.

Upon hearing this, the resident became visibly upset and began yelling, stating, "It was donated by the sister. That's my chair now!" She then proceeded to enter room 421C and sit in the electric chair in question.

The writer promptly informed Charge Nurse Hetal P. regarding the incident for further follow-up.

During the conversation, the resident also mentioned that shehad some of her personal belongings still in the room and requested to retrieve them. The writer reassured the resident that this concern would also be discussed with the management team for appropriate next steps.

The oncoming shift has been informedfor continued monitoring and follow-up.

Intervention :

Time, Frequency and # of Staff :

Evaluation of Intervention :

Resident Response :

Author:Katherine Arca Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/09/2025 12:31 Type: Behaviour Note

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Renaud, Loretta (922131005029)

Location : 4 415 A

Admission Date : 06/28/2025

Medical Record # : 3483 057 216MW

Gender : F

Date of Birth : 04/04/1974

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : Loxapine, Haldol, Sulfa Antibiotics, Contrast Dye

Diagnoses : Seizure disorder, so described(R56.80), Other specified diseases of pancreas(K86.8), Other specified disorders of brain(G93.88), Other depressive episodes(F32.8), Other specified diabetes mellitus without (mention of) complication(E13.9), Anxiety disorder, unspecified(F41.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Embolism and thrombosis of other specified veins(I82.8), Other chronic pain (R52.2), Hemiplegia of unspecified type of dominant side(G81.90), Stroke, not specified as haemorrhage or infarction(I64), Fatigue fracture of vertebra, sacral and sacrococcygeal region(M48.48), Osteoporosis, unspecified(M81.9), Hepatomegaly, not elsewhere classified(R16.0), Retention of urine(R33), Status epilepticus, unspecified(G41.9), Schizophrenia, unspecified(F20.9), Phlebitis and thrombophlebitis of superficial vessels of lower extremities(I80.0)

**Behaviour Displayed :** The resident refusing to have MRSA and VRE swabs completed. The resident refusing vitals to be assessed. She is now refusing to take any medications after lunch.

**Intervention :** The writer tried educate the resident, PRN was offered as well. The writer reproached several time during the shift.

**Time, Frequency and # of Staff :** 1100- ongoing. All staff were involved

**Evaluation of Intervention :** Ineffective the resident continues to refuse. She is now on contact precautions related to her refusing swabs. Care plan updated.

**Resident Response :** The resident stated " I don't care, I don't wanna take any medications"

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/09/2025 09:58 Type: Behaviour Note

**Behaviour Displayed :** The resident agitated, easily getting frustrated with staff, and with other resident. The resident is not easily spoken too. The writer had tried to talk to her, but is immediately responded with yelling and swearing. She had self transferred herself into the washroom several times this shift. She has been refusing to use maxi lift. When maxi lift was offered she continued to raise her voice with staff. As per reports with 1:1 staff the resident has argued with several resident in the patio. Around 0930, the resident was heard screaming for help in the washroom. The resident had power chair stuck in-between entrance of the washroom door, and main door to the room. Staff were unable to enter the room due to the position of her powerchair. The writer was able to sneak in-between both doors. The resident continues to refuse the maxi lift. The manual chair was offered and her behaviors escalated.

**Intervention :** 1:1 to closely monitor, ensure to speak to her in a calm tone. Staff continuous reassurance

**Time, Frequency and # of Staff :** 0700-Ongoing. The resident has been ongoing. she paces back in fourth to the floor and down in the main dinning room. All staff on the floor are aware of it.

**Evaluation of Intervention :** Ineffective, when staff try to intervene, the resident becomes more agitated, and restless.

**Resident Response :** The resident yelled and swearing at the writer. Saying " Get the f out" She then stormed away.

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/06/2025 06:32 Type: Behaviour Note

**Behaviour Displayed :** Resident had physical aggression initiated towards another resident P.S. during the evening shift on Oct. 5th

**Intervention :** MOC notified, CI was reported, and police was called by evening charge nurse.

Case number: 106411. CI Number: AH-2025-0003548.

Two police officers came in around 0315 tonight and spoke to resident, P.S. was sleeping, they reminded resident to not hit other residents.

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :** followed by BSO

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Renaud, Loretta (922131005029)

Location : 4 415 A

Admission 06/28/2025

Medical Record # : 3483 057 216MW

Gender : F

Date :

Date of Birth : 04/04/1974

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : Loxapine, Haldol, Sulfa Antibiotics, Contrast Dye

Diagnoses : Seizure disorder, so described(R56.80), Other specified diseases of pancreas(K86.8), Other specified disorders of brain(G93.88), Other depressive episodes(F32.8), Other specified diabetes mellitus without (mention of) complication(E13.9), Anxiety disorder, unspecified(F41.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Embolism and thrombosis of other specified veins(I82.8), Other chronic pain (R52.2), Hemiplegia of unspecified type of dominant side(G81.90), Stroke, not specified as haemorrhage or infarction(I64), Fatigue fracture of vertebra, sacral and sacrococcygeal region(M48.48), Osteoporosis, unspecified(M81.9), Hepatomegaly, not elsewhere classified(R16.0), Retention of urine(R33), Status epilepticus, unspecified(G41.9), Schizophrenia, unspecified(F20.9), Phlebitis and thrombophlebitis of superficial vessels of lower extremities(I80.0)

**Resident Response :** Resident was stating that P.S. spit on her that's why she slapped her on the back. No concerns reported afterwards. Will continue to monitor and follow up as needed.

Author:Suzanne Azar Nursing - RN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/05/2025 21:22 Type: Behaviour Note

**Behaviour Displayed :** The resident has been non cooperative with staff, verbally aggressive and physically aggressive towards residence and staff. She has been screaming at 1:1 refusing to use maxi lift. She had self propelled herself on to bed and into w/c on her own twice this shift.

**Intervention :** Reapproaching and redirecting the resident away from situation. Education provided. The writer and staff had spoken to her in a soft calm tone

**Time, Frequency and # of Staff :** 1530-2000, all staff on the floor and writer involved

**Evaluation of Intervention :** The resident had struck another resident around 2000. She then later screamed at her 1:1 to leave her and she self transferred herself on to the bed.

**Resident Response :** She is now in bed sleeping. No issues at this time. 1:1 to monitor at this time.

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/05/2025 16:50 Type: Responsive Behaviour Assessment  
Summary

**Note Text :** Loretta Renaud 415-A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: RED (HIGH RISK) and a Potential Threat to: Self & Others

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Loretta Renaud's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = Yes

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Renaud, Loretta (922131005029)

Location : 4 415 A

Admission Date : 06/28/2025

Medical Record # : 3483 057 216MW

Gender : F

Date of Birth : 04/04/1974

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : Loxapine, Haldol, Sulfa Antibiotics, Contrast Dye

Diagnoses : Seizure disorder, so described(R56.80), Other specified diseases of pancreas(K86.8), Other specified disorders of brain(G93.88), Other depressive episodes(F32.8), Other specified diabetes mellitus without (mention of) complication(E13.9), Anxiety disorder, unspecified(F41.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Embolism and thrombosis of other specified veins(I82.8), Other chronic pain (R52.2), Hemiplegia of unspecified type of dominant side(G81.90), Stroke, not specified as haemorrhage or infarction(I64), Fatigue fracture of vertebra, sacral and sacrococcygeal region(M48.48), Osteoporosis, unspecified(M81.9), Hepatomegaly, not elsewhere classified(R16.0), Retention of urine(R33), Status epilepticus, unspecified(G41.9), Schizophrenia, unspecified(F20.9), Phlebitis and thrombophlebitis of superficial vessels of lower extremities(I80.0)

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Renaud, Susan (922131005479)	Location :	7 710 A	Admission Date :	06/19/2024
Medical Record # :	2102 332 190AN	Gender :	F	Date of Birth :	06/26/1952
Physician :	Liang, Wallace	Pharmacy :	MediSystem London IMM		
Allergies :	cefTAZidime, DAPTOmycin, glyBURIDE, Penicillin				
Diagnoses :	Anaemia, unspecified(D64.9), Vascular dementia, unspecified(F01.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Malignant neoplasm of rectum(C20), Type 2 diabetes mellitus without (mention of) complications(E11.9), Chronic obstructive pulmonary disease, unspecified(J44.9), Hyperlipidaemia, unspecified(E78.5), Traumatic amputation at level between knee and ankle(S88.1), Osteomyelitis, unspecified, unspecified site(M86.99), Functional diarrhoea(K59.1), Chronic obstructive pulmonary disease with acute exacerbation, unspecified(J44.1), Anal fissure, unspecified(K60.2)				

Effective Date: 10/08/2025 07:20 Type: Responsive Behaviour Assessment  
Summary

**Note Text :** Susan Renaud 710 -A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: GREEN (MINIMAL TO NO RISK) and a Potential Threat to:

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Susan Renaud's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = No

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author:Baljinder Sidhu Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Smedley, Nellie (922131005627)	Location :	2 202 B	Admission Date :	04/18/2025
Medical Record # :	2667 870 857WT	Gender :	F	Date of Birth :	05/14/1961
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	Codeine				
Diagnoses :	Other epilepsy, not stated as intractable(G40.80), Other and unspecified symptoms and signs involving cognitive functions and awareness (R41.88), Arthritis, unspecified, unspecified site(M13.99), Sciatica(M54.3), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Paranoid personality disorder(F60.0), Chronic obstructive pulmonary disease, unspecified(J44.9)				

Effective Date: 10/01/2025 07:00 Type: Behaviour Note

**Behaviour Displayed :** Resident was agitated with a different resident. She stated "He's a woman beater." Writer redirected this resident away from other resident.

**Intervention :** Writer redirected this resident away from other resident.

**Time, Frequency and # of Staff :** 0700hr, once, 1 staff member involved.

**Evaluation of Intervention :** Effective. This resident stayed away from other throughout the day.

**Resident Response :** Resident was calm. No more behaviours

Author:Donna Marie Ouellette Nursing - Registered Practical Nurse [e-SIGNED]

Signature: \_\_\_\_\_



Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Smith, Penny (922131005533)	Location :	4 411 A	Admission Date :	10/26/2023
Medical Record # :	9274 658 435RK	Gender :	F	Date of Birth :	10/30/1953
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	No Known Allergies				
Diagnoses :	Unspecified dementia(F03), Benign hypertension(I10.0), Family history of alcohol abuse(Z81.1), Homelessness(Z59.0), Psychological abuse(T74.3)				

Effective Date: 10/22/2025 20:21 Type: Responsive Behaviour Assessment Summary

**Note Text :** Penny Smith 411-A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: RED (HIGH RISK) and a Potential Threat to: Self & Others

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Penny Smith's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; No, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = Yes

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author:Jane Del Rosario Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/06/2025 13:19 Type: Behaviour Note

**Behaviour Displayed :** The resident swearing and being physical with staff when doing care

**Intervention :** Reassurance, stepping away and educating the resident in a calm tone

**Time, Frequency and # of Staff :** 1300-1315. 2 psw were involved during care.

**Evaluation of Intervention :** Ineffective the resident continued to be physical, and swearing at staff.

**Resident Response :** The resident settled once care was done.

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/06/2025 08:09 Type: Behaviour Note

**Behaviour Displayed :** The resident was receiving care from staff this Am. She can be heard swearing from her room, and staff have reported that the resident hitting while care is being done.

**Intervention :** Staff have redirected, reproached and stepped back when she was physical. When the resident settled staff spoke to her in a calm manner.

**Time, Frequency and # of Staff :** 0600-0730, 2 psw and the writer involved.

**Evaluation of Intervention :** Ineffective the resident was more agitated, she continued to hit staff and swear at them. She continued her behavior when she was in the dining room. She yelled" I hate you" when staff were close. she did stop hitting after care.

**Resident Response :** She is currently settled in the dining room eating breakfast

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Smith, Penny (922131005533)

Location : 4 411 A

Admission 10/26/2023

Medical Record # : 9274 658 435RK

Gender : F

Date :

Date of Birth : 10/30/1953

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : No Known Allergies

Diagnoses : Unspecified dementia(F03), Benign hypertension(I10.0), Family history of alcohol abuse(Z81.1), Homelessness(Z59.0), Psychological abuse(T74.3)

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/05/2025 20:05 Type: Behaviour Note

#### LATE ENTRY

**Behaviour Displayed :** The resident continued to yell F off to staff and resident unprovoked. When staff were giving food, she would say f off. When resident were near her, she stated f off. The resident had a verbal altercation with another resident that later on eventually receiving physical aggression from that resident.

**Intervention :** Staff have educated and reapproached her multiple times during the shift.

**Time, Frequency and # of Staff :** 1600-2100, All staff on the floor were involved

**Evaluation of Intervention :** The resident continued to become agitated, swearing louder at staff when intervening.

**Resident Response :** The resident stayed quiet when dining room wase empty, and staff monitored from a distance. She later settled around 2100.

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/05/2025 08:01 Type: Behaviour Note

#### LATE ENTRY

**Behaviour Displayed :** The resident yelling F off to anybody passing by or talking to her. Her behavior is unprovoked. Some resident have been agitated with her behavior. When other resident talk back the resident would tell them to shut up.

**Intervention :** The resident was provided education in a calm tone manner

**Time, Frequency and # of Staff :** 0600-1100

**Evaluation of Intervention :** The resident was getting more agitated when staff intervened.

**Resident Response :** She settled when left alone.

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : St. Denis, Marie (922131005320)

Location : 7 719 C

Admission 12/16/2019

Medical Record # : 4034 047 326EA

Gender : F

Date :

Date of Birth : 02/14/1957

Physician : Liang, Wallace

Pharmacy : MediSystem London IMM

Allergies : No Known Allergies

Diagnoses : Stroke, not specified as haemorrhage or infarction(I64), Benign hypertension(I10.0), Depressive episode, unspecified(F32.9), Gastro-oesophageal reflux disease without oesophagitis(K21.9), Post-traumatic stress disorder(F43.1), Pure hypercholesterolaemia(E78.0), Type 2 diabetes mellitus with poor control, so described(E11.64), Hemiplegia of unspecified type of non-dominant side(G81.91), Schizophrenia, unspecified(F20.9), Anaemia, unspecified(D64.9)

Effective Date: 10/14/2025 12:21 Type: Behaviour Note

**Behaviour Displayed :** Resident is verbally aggressive towards staff members. Saying B\*\*\*\* and N\*\*\* to PSW (R.M) and student while doing morning care.

**Intervention :** Writer spoke to resident about this incident, resident just stated "Oh well", and not saying anything else.

**Time, Frequency and # of Staff :** 0630,2x and 2 staff members.

**Evaluation of Intervention :** Ineffective

**Resident Response :** No response.

Author:Mary Kagayutan Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Storey, Mark (922131005645)	Location :	4 409 A	Admission Date :	07/21/2025
Medical Record # :	2144 039 357RC	Gender :	M	Date of Birth :	01/07/1967
Physician :	Ng, Albert Patrick	Pharmacy :	MediSystem London IMM		
Allergies :	Penicillin, Coffee				
Diagnoses :	Other specified diabetes mellitus without (mention of) complication(E13.9), Other chronic pain(R52.2), Mild mental retardation, other impairments of behaviour(F70.8), Pure hypercholesterolaemia(E78.0), Other idiopathic scoliosis, unspecified site(M41.29), Multiple system atrophy, cerebellar type [MSA-C](G23.3), Lack or loss of sexual desire(F52.0), Primary generalized (osteo)arthrosis(M15.0)				

Effective Date: 10/22/2025 20:29 Type: Responsive Behaviour Assessment Summary

**Note Text :** Mark Storey 409-A has had a Responsive Behaviour Assessment completed which indicates a Threat Level of: RED (HIGH RISK) and a Potential Threat to: Self & Others

The responsive behaviours, potential triggers of behaviours and interventions have been outlined in the assessment and added to Mark Storey's care plan.

The following person(s)/department(s) have been contacted for follow up: Responsive Behaviour Coordinator; Yes, Social Services Coordinator; No, Psychogeriatric Resource Consultant; No.

Care Plan Updated = Yes

Please review care plan and assessment details for behaviours, triggers and interventions.

**Comments:**

Author: Jane Del Rosario Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/15/2025 20:59 Type: Behaviour Note

**Behaviour Displayed :** -Resident showed verbal aggression towards 1:1 staff ,security and other resident -moving lift/carts/ garbage's on the hallway, entering other resident room (not easily redirect/ stop) -attempting to punch and kicked 1"1 staff and security.

**Intervention :** - writer, PSW and security tried to talked to resident in gentle approached (its not working) - writer instruct security to make sure resident wont have a direct contact with other resident. - re direct/ re approached multiple times, - make sure resident is safe as well as other resident and staff. - PRN tried to give (resident refused) -notified CN, and on coming staff

**Time, Frequency and # of Staff :** According to 1:1 (L), at around 1900 Behavior started when one of the resident (T.T) smoking outside mentioned something not nice to resided. and resident get agitated and started (sticking his tongue out, verbal aggressive toward other resident and staff) and psw (L) brought him up to the floor and behavior continued until at this time .

**Evaluation of Intervention :** resident is back to his room, remained yelling and broke his closet door. plan of care on going.

**Resident Response :** laying in bed at this time.

Author: Jane Del Rosario Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Storey, Mark (922131005645) Location : 4 409 A Admission 07/21/2025  
Medical Record # : 2144 039 357RC Gender : M Date :  
Physician : Ng, Albert Patrick Pharmacy : MediSystem London IMM Date of Birth : 01/07/1967  
Allergies : Penicillin, Coffee  
Diagnoses : Other specified diabetes mellitus without (mention of) complication(E13.9), Other chronic pain(R52.2), Mild mental retardation, other impairments of behaviour(F70.8), Pure hypercholesterolaemia(E78.0), Other idiopathic scoliosis, unspecified site(M41.29), Multiple system atrophy, cerebellar type [MSA-C](G23.3), Lack or loss of sexual desire(F52.0), Primary generalized (osteo)arthrosis(M15.0)

Effective Date: 10/14/2025 17:13 Type: Behaviour Note

**Behaviour Displayed :** Around 1430, the resident refusing to let 1:1, or his security to enter his room. He stated " Go away, go home, I don't need you guys here." He proceeds to slam the door. The writer intervened and tried to speak with him, but was pushing against the door, refusing the writer to go in. He yelled " I don't need you guys here, go away " He refused to speak with the writer. The writer informed staff to let him settle and monitor closely for the time being. In between 1500-1530, the resident slamming his door vigorously. He would open his door, throw his personal belongings onto the hallway. He appeared restless, frowning facial expression, and fist clenched. He expressed to the 1:1 " I don't need these anymore." He then waved the staff off indicating to leave him alone. Around 1530, the writer re entered the room, but was immediately yelled at. He stated Leave me alone. The writer reminded him that he was the nurse and would like to speak to him. The resident was not receptive to listening, and was not cooperating with the writer. He stated" I am fine leave me alone. The writer educated him in regards to him slamming the door. He replied with" I can, do what i want, I'll slam the door if I fell like it, now leave me alone. The resident was increasingly restless, his face was blushed, more angry, waving his hands to the writer to go away. Upon the conversation between the writer and the resident, the writer noted that the resident belongings were scatter all over his desk, his blankets on the ground and the resident appeared to be pacing back in forth in his room. Around 1540, the resident threw more of his belongings on the ground, then fled the room heading towards the north elevators. The staff were able to redirect him back closer to his room, however refused to go back in. He had a serious face fist were clenched and determined to head to the south elevators. While walking towards south elevator the resident kicked the wet floor sign and the black PPE dispenser to the ground. Code white was then called, by the time back up came the resident had left the floor. Another code blue was called in the dinning around 1400. The resident was found throwing garbage/ paper on the ground. Cops then had to intervene. He later settled,

**Intervention :** The writer tried talking to the resident several times. 1:1 and security to keep close eye, however also keep and good distance from any physical aggression Dr ng was notified of his behavior. PRN was offered. All resident on the floor was redirected awayfrom the resident . ADOC T was notified during her rounds. CN S was notified. Code white was called. Cops had to intervene

**Time, Frequency and # of Staff :** 1430-1600, His behavior was ongoing during this time period, and his behavior worsened. 1:1, security, Management, CN and Dr ng

**Evaluation of Intervention :** Dr ng stated to "Monitor", The resident refused to listen to staff and refused to take medications at that time. By the time Management were on the floor the resident was already heading inside south elevator. Code white was called off, however another code white initiated in the main lobby. Cops were then involved and the resident settled apologizing to staff and the cops.

**Resident Response :** The resident apologized to his 1:1, and has now cooperated with security and the 1:1. At this time the resident is still in the main lobby floor. Dr ng Aware

Author:Idylle Labrado Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/08/2025 21:53 Type: Behaviour Note

**Behaviour Displayed :** Also he picked up a garbage bin to hit others but security stopped.

**Intervention :**

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :**

**Resident Response :**

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Storey, Mark (922131005645)

Location : 4 409 A

Admission 07/21/2025

Medical Record # : 2144 039 357RC

Gender : M

Date :

Date of Birth : 01/07/1967

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : Penicillin, Coffee

Diagnoses : Other specified diabetes mellitus without (mention of) complication(E13.9), Other chronic pain(R52.2), Mild mental retardation, other impairments of behaviour(F70.8), Pure hypercholesterolaemia(E78.0), Other idiopathic scoliosis, unspecified site(M41.29), Multiple system atrophy, cerebellar type [MSA-C](G23.3), Lack or loss of sexual desire(F52.0), Primary generalized (osteo)arthrosis(M15.0)

Author:Shabnam Mustary Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/06/2025 17:20 Type: Behaviour Note

**Behaviour Displayed :** Reported by PSW that resident was physically and verbally aggressive towards staffs and other residents out in patio, he even exposed himself out and peed on grass.

**Intervention :** He was brought up stairs, now resting on bed.

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :**

**Resident Response :**

Author:Shabnam Mustary Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/02/2025 16:41 Type: Behaviour Note

**Behaviour Displayed :** 1:1 PSW reported that while resident was sitting in patio he put his 1 leg on a chair where a activity staff was sitting on it, then 1:1 staff told him to put his leg down and he did it. Again he put leg on that chair, he was told to put down and he listened.

**Intervention :**

**Time, Frequency and # of Staff :**

**Evaluation of Intervention :** close monitoing.

**Resident Response :**

Author:Shabnam Mustary Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Tandari, Trese (922131005633)

Location : 3 321 A

Admission 05/16/2025

Medical Record # : 7058 011 672XK

Gender : F

Date :

Date of Birth : 07/22/1963

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : No Known Allergies

Diagnoses : Chronic obstructive pulmonary disease, unspecified(J44.9), Benign hypertension(I10.0), Unspecified diabetes mellitus with poor control, so described(E14.64), Depressive episode, unspecified(F32.9), Arthritis, unspecified, other site(M13.98), Other specified nutritional deficiencies(E63.8), Alzheimer's disease, unspecified(G30.9), Hypothyroidism, unspecified(E03.9), Urinary tract infection, site not specified (N39.0)

Effective Date: 10/10/2025 18:29 Type: Behaviour Note

#### LATE ENTRY

**Behaviour Displayed :** The resident came into the dining room on the main floor at her sitting table. first sitting resident E.L. was sitting there. E.L. was still eating her dinner and it was almost time for second sitting. resident T.T. start yelling at her and calling her with names "Chinese lady" and "bitch".

**Intervention :** writer asked her to use proper language and not call with names. She is angry at writers too. The writer offers her another seat which is empty but she does not agree she wants only her to sit. The The writer offers her to at least sit until another resident is done and offer her coffee. She calms down and sit with her coffee . Then she change her mind and said I will eat upstairs send my plate at my floor.

**Time, Frequency and # of Staff :** 2 staff for 10 mins.

**Evaluation of Intervention :** The writer sent her plate upstairs.

**Resident Response :** The resident went upstairs.

Author:Ranjita Yadav Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Tilt, Lynda (922131005490)

Location : 3 319 C

Admission Date : 12/06/2022

Medical Record # : 2942 766 250CD

Gender : F

Date of Birth : 06/24/1950

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : No Known Allergies

Diagnoses : Alzheimer's disease, unspecified(G30.9), Unspecified dementia(F03), Sleep apnoea, obstructed(G47.30), Degeneration of macula and posterior pole(H35.3), Anxiety disorder, unspecified(F41.9), Depressive episode, unspecified(F32.9)

Effective Date: 10/20/2025 15:21 Type: Behaviour Note

**Behaviour Displayed** : resident attended a craft program at 1:45, was kind and polite but progressively displayed signs of aggression towards A.A activity aid, belittling staff, voice raised and pointing. At 3:05 during clean up of program, resident was yelling at A.A over materials, asking where they are and A.A let her know the program is over, resident got very upset, began yelling and getting very close to A.A, began following A.A around while yelling.

**Intervention** : A.A went into the harvest room and asked for help from managers, managers helped deesclate and calm the situation.

**Time, Frequency and # of Staff** : 1:45, 3:05, happened on and off for a span of an hour. At least 3 staff witnesses involved

**Evaluation of Intervention** : intervention worked but short term.

**Resident Response** :

Author:Ansam Al-Chalabi Recreation - Recreation Aide [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/18/2025 22:33 Type: Behaviour Note

**Behaviour Displayed** : A resident came on the floor 7 through the elevator and was asking for her room. When floor PSW informed the resident that "your room is on floor 3"

The resident got agitated and started wandering on floor 7.

**Intervention** : redirected the resident and writer took the resident on floor 3.

**Time, Frequency and # of Staff** : 2 times

agitated and aggressive towards staff

**Evaluation of Intervention** :

**Resident Response** : The resident ended up on her home area- floor 3.

Author:Simran Patel Nursing - Registered Nurse [e-SIGNED]

Signature: \_\_\_\_\_

Effective Date: 10/02/2025 17:34 Type: Behaviour Note

**Behaviour Displayed** : At diner time: !730

Resident slapped writer hand , when writer tried to calm resident down. (when resident got angry,when dining staff and writer telling to resident that its not time for them (resident W.R) to go to the dining room yet. (no table available for them)).

**Intervention** : - writer and other staff spoke to resident on a distance

-writer explained calmly to resident that there is no table available, and they can sit on the waiting table for a while and staff will call them when table is ready.

**Time, Frequency and # of Staff** : one time with the writer (slapped hand)

**Evaluation of Intervention** : effective



Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

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Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

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Resident Name : Tilt, Lynda (922131005490)

Location : 3 319 C

Admission 12/06/2022

Medical Record # : 2942 766 250CD

Gender : F

Date :

Date of Birth : 06/24/1950

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : No Known Allergies

Diagnoses : Alzheimer's disease, unspecified(G30.9), Unspecified dementia(F03), Sleep apnoea, obstructed(G47.30), Degeneration of macula and posterior pole(H35.3), Anxiety disorder, unspecified(F41.9), Depressive episode, unspecified(F32.9)

Resident Response : resident went to the waiting table with resident W.R and waited for the staff to call them when there table is ready.

Author:Jane Del Rosario Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

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Effective Date: 10/02/2025 15:30 Type: Behaviour Note

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Behaviour Displayed : resident was yelling at the receptionist requesting to leave the building and banging on the front desk

Intervention : ADOC, PSW, receptionist and Writer tried to deescalate resident and distract her. Writer was able to bring resident up to the unit . PRN medication was administered due to resident continued agitation once she was removed for the situation down stairs.

Time, Frequency and # of Staff : 15-20 mins and 4 staff

Evaluation of Intervention : writer was able to get resident to leave the situation that was upsetting her but resident was still snapping at staff.

Resident Response : Methods not effective, resident was only settled for minute before lashing out again. PRN medication was not effective.

Author:Samantha Frenette Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Webber, James (922131005660)

Location : 5 515 A

Admission 09/08/2025

Medical Record # : 2256 717 956AE

Gender : M

Date :

Date of Birth : 07/27/1957

Physician : Ng, Albert Patrick

Pharmacy : MediSystem London IMM

Allergies : Shell Fish

Diagnoses : Stroke, not specified as haemorrhage or infarction(I64), Atherosclerotic heart disease of native coronary artery(I25.10), Anxiety disorder, unspecified(F41.9), Post-traumatic stress disorder(F43.1), Dysphasia and aphasia(R47.0), Unspecified dementia(F03), Benign hypertension (I10.0), Lipid storage disorder, unspecified(E75.6), Other congenital malformations of cardiac septa(Q21.8), Paraesthesia of skin(R20.2)

Effective Date: 10/06/2025 21:44 Type: Behaviour Note

**Behaviour Displayed** : After bathing, James refused to have pictures to be taken for his MASD groin and Rt. thigh.

**Intervention** : Tried a few times, James took the sticker off and pushed away staff.

**Time, Frequency and # of Staff** : 10 min, 3 times and three staff involved.

**Evaluation of Intervention** : Not effective.

**Resident Response** :

Author:Lucy(Xifeng)Lu Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_

Facility #:

Berkshire Care Centre

Facility Code: 92213

Date: Oct 24, 2025

Progress Notes \*NEW\*

User: Ayaan Esmail

Time: 12:04:06 ET

Primary Physician: All Progress Note Type: Behaviour Note, Responsive Behaviour Assessment Summary Effective Date Range: 10/01/2025 to 10/24/2025 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name :	Wright, Marsha (922131004082)	Location :	6 622 A	Admission Date :	03/13/2015
Medical Record # :	2354 489 292JD	Gender :	F	Date of Birth :	03/24/1948
Physician :	Ng, Roseanne	Pharmacy :	MediSystem London IMM		
Allergies :	Clindamycin, Macrobid, Penicillins				
Diagnoses :	Unspecified dementia(F03), Benign hypertension(I10.0), Osteoporosis, unspecified(M81.9), Other specified diabetes mellitus without (mention of) complication(E13.9), Injury of kidney NOS without open wound into cavity(S37.090), Calculus of kidney(N20.0), Immunodeficiency, unspecified(D84.9), Other bacterial infections of unspecified site(A49.8)				

Effective Date: 10/23/2025 10:01 Type: Behaviour Note

**Behaviour Displayed :** Dietary aid Kelly stated that resident was short & rude with her in the morning during breakfast. Marsha was upset about the cinnamon toast and ketchup bottle lid.

**Intervention :** Dietary aid tried to give an explanation but resident was not happy about it & did not seem interested to hear it.

**Time, Frequency and # of Staff :** Writer tried to ask resident what was wrong and resident just said it was K. she was very upset but she did not want to talk about it.

**Evaluation of Intervention :** No change, resident still upset. Writer tried to go to her room after breakfast and ask if she was ok but she was not in her room.

**Resident Response :** Refused to discuss the issue at this time. Appeared very upset.

Author:Emma Rigakos Nursing - RPN [e-SIGNED]

Signature: \_\_\_\_\_