

**FINAL INSPECTION REPORT**  
**Under the *Retirement Homes Act, 2010***

Inspection Information	
<b>Date of Inspection:</b> March 24, 2014	<b>Name of Inspector:</b> Susan Lines
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Suderek Holdings / P.O. Box 239, Kemptville, ON K0G 1J0 (the "Licensee")	
<b>Retirement Home:</b> Greystone Manor / 22 Clothier Street W., Kemptville, ON K0G 1J0 (the "home")	
<b>Licence Number:</b> N0130	

Purpose of Inspection
The RHRA conducts routine inspections as set out in section 77(3) of the Retirement Homes Act, 2010 (the "RHA").

NON-COMPLIANCE
<p><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Information for residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsections:</p> <p><b>s. 54. (2)</b> The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> <li>(c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</li> <li>(l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers;</li> <li>(s) information as to whether the retirement home has automatic sprinklers in each resident's room;</li> <li>(t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home.</li> </ul>
<p><b>Inspection Finding</b></p> <p>The home's information package did not include the home's abuse policy and information relating to the purchase of external care provider services, sprinklers or night time staffing levels.</p>
<p><b>Outcome</b></p> <p>Corrective action required. Warning Letter issued.</p>
<p><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.</b></p>

Specifically, the Licensee failed to comply with the following subsections:

**s. 65. (2)** Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

- (a) the Residents' Bill of Rights;
- (b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;
- (c) the protection afforded for whistle-blowing described in section 115;
- (d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;
- (f) fire prevention and safety.

(5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

- 3. Behaviour management.

**Inspection Finding**

There was evidence that only two out of the home's five staff was trained on the Residents' Bill of Rights, the home's Abuse policy, whistle-blowing and fire prevention and safety. None of the home's staff was trained on the use of personal assistance services devices. The owner confirmed that not all staff had been trained on the applicable topics.

**Outcome**

Corrective action required.  
Warning Letter issued.

**3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Safety plans.**

Specifically, the Licensee failed to comply with the following subsections:

**s. 60. (4)** Every licensee of a retirement home shall ensure that the following are in place for the home:

- 2. An infection prevention and control program that meets the prescribed requirements.

**Inspection Finding**

There was no evidence the home had consulted with their local public health officer regarding the home's infection control program.

**Outcome**

Corrective action required.  
Warning Letter issued.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training**

Specifically, the Licensee failed to comply with the following subsections:

**s. 14. (1)** For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure that all staff who work in the home receive training in the procedure described in subsection 73 (1) of the Act for a person to complain to the licensee.

**Inspection Finding**

There was no evidence that all staff was trained in the home's complaints procedure. The owner confirmed that not all staff had not all been trained on this topic.

**Outcome**

Corrective action required.  
Warning Letter issued.

**5. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.**

Specifically, the Licensee failed to comply with the following subsections:

**s. 20. (1)** Every licensee of a retirement home shall ensure that this section is complied with whenever food is prepared in the home.

(4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

**Inspection Finding**

The owner confirmed that only two out of the home's five staff held a current certificate in food handling and that all of the home's staff required one.

**Outcome**

Corrective action required.  
Warning Letter issued.

**6. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.**

Specifically, the Licensee failed to comply with the following subsections:

**s. 24. (1)** The emergency plan required under paragraph 1 of subsection 60 (4) of the Act shall meet the requirements set out in this section.

(4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

- (5) The licensee shall,
- (a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,
    - (ii) situations involving a missing resident,
    - (iii) medical emergencies, and
    - (iv) violent outbursts;
  - (b) at least once every two years, conduct a planned evacuation of the retirement home; and
  - (c) keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan.

**Inspection Finding**

There was no evidence that the home maintained current all arrangements with community agencies, partner facilities and resources that would be involved in responding to an emergency. There was no evidence that the home had tested their emergency plan with regard to situations involving a missing resident, medical emergencies and violent outbursts. The home had not conducted a planned evacuation of the retirement home and had not kept a written record of testing of the emergency plan and any changes made to improve the plan.

**Outcome**

Corrective action required.  
Warning Letter issued.

**7. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.**

Specifically, the Licensee failed to comply with the following subsections:

- s. 25. (1)** The emergency plan for a retirement home that has more than 10 residents shall, in addition to the requirements in section 24, meet the requirements set out in this section.
- (2) The licensee shall ensure that the development of the emergency plan includes,
    - (a) consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency;
  - (3) The licensee shall ensure that the emergency plan provides for the following:
    - 1. Dealing with,
      - ii. community disasters,
      - iv. bomb threats,
      - vi. chemical spills,
      - vii. situations involving a missing resident, and
      - viii. loss of one or more essential services.
    - 2. Evacuation of the retirement home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.
    - 3. Resources, supplies and equipment vital for the emergency response being set aside and readily

available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency.

(4) The licensee shall ensure that the emergency plan addresses the following components:

2. Lines of authority.
3. Communications plan.
4. Specific staff roles and responsibilities.

(5) The licensee shall ensure that the emergency plan for the retirement home is evaluated and updated at least annually and that the updating includes contact information for the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.

**Inspection Finding**  
The home’s emergency plan was not aligned with the legislative minimums.

**Outcome**  
Corrective action required.  
Warning Letter issued.

**8. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.**

Specifically, the Licensee failed to comply with the following subsections:

**s. 27. (9)** The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,

- (a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items; and
- (b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

**Inspection Finding**  
There was evidence that only two of the home’s five staff was trained on how to reduce the incidence of infectious disease transmission.

**Outcome**  
Corrective action required.  
Warning Letter issued.

**9. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.**

Specifically, the Licensee failed to comply with the following subsections:

**s. 29.** If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,

- (c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug;
- (e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,
  - (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,
  - (ii) the safe disposal of syringes and other sharps, and
  - (iii) recognizing an adverse drug reaction and taking appropriate action.

**Inspection Finding**

There was no evidence that the home’s staff had received training on the procedures applicable to the administration of a drug or other substance. There was evidence that only two out of the home’s staff was trained in proper hand hygiene and no evidence that any of the staff was trained in the disposal of syringes or recognizing an adverse drug reaction and taking appropriate action.

**Outcome**

Corrective action required.  
Warning Letter issued.

**10. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

Specifically, the Licensee failed to comply with the following subsections:

**s. 32.** If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

- (b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the *Regulated Health Professions Act, 1991*.

**Inspection Finding**

There was no evidence that the home consistently retained written evidence that drugs administered to residents by staff were prescribed for the resident by an authorized person. The owner confirmed that the home did not usually request prescriptions for drugs administered in the home.

**Outcome**

Corrective action required.  
Warning Letter issued.

**11. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs.**

Specifically, the Licensee failed to comply with the following subsections:

**s. 43. (2)** The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

- 2. Presence of infectious diseases.
- 3. Risk of falling.
- 7. Risk of harm to self and to others.
- 8. Risk of wandering.

**Inspection Finding**

The home's initial assessment did not include infectious diseases, risk of falling, risk of harm to self or others and risk of wandering.

**Outcome**

Corrective action required.  
Warning Letter issued.

**12. The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.**

Specifically, the Licensee failed to comply with the following subsections:

**s. 44. (1)** Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident's care needs and preferences is conducted.

**Inspection Finding**

There was no evidence that the home had completed a full assessment of resident's care needs and preferences for any residents in the home.

**Outcome**

Corrective action required.  
Warning Letter issued.

**13. The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.**

Specifically, the Licensee failed to comply with the following subsection:

**s. 55. (1)** The licensee of a retirement home shall keep a record for each resident of the home that complies with the requirements of this section.

(5) A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,

(c) the skills, qualifications and training of the staff who work in the home.
<p><b>Inspection Finding</b></p> <p>There was no evidence that the home maintained a record for a resident, other than a medication administration record, and evidence that another resident’s record only included a list of his medications. The home’s personnel records did not clearly show evidence of the staff’s skills, qualifications and training.</p>
<p><b>Outcome</b></p> <p>Corrective action required. Warning Letter issued.</p>
<p><b>14. The Licensee failed to comply with O. Reg. 166/11, s. 57; Trust for resident’s money.</b></p> <p>Specifically, the Licensee failed to comply with the following subsections:</p> <p style="padding-left: 40px;"><b>s. 57. (2)</b> For the purposes of section 72 of the Act, if money is entrusted to the care of a licensee of a retirement home on behalf of residents of the home, the licensee shall establish and maintain at least one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee’s care on behalf of the residents.</p>
<p><b>Inspection Finding</b></p> <p>The owner confirmed that the home held money for two residents and that there was no tracking procedure in place for this money.</p>
<p><b>Outcome</b></p> <p>Corrective action required. Warning Letter issued.</p>




**NOTICE**

The Final Inspection Report is being provided to the Licensee, the Registrar of the Retirement Homes Regulatory Authority (the "RHRA") and the home's Residents' Council, if any.

Section 55 of the RHA requires that the Final Inspection Report be posted in the home in a conspicuous and easily accessible location. In addition, the Licensee must ensure that copies of every Final Inspection Report from the previous two (2) years are made available in the Home, in an easily accessible location.

The Registrar's copy of the Final Inspection Report, as it appears here, will be included on the RHRA Public Register, available online at <http://rhra.ca/en/register/>.

Signature of Inspector 	Date May 13, 2014
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