

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

Inspection Information	
Date of Inspection: November 5, 2014	Name of Inspector: Heather Buchanan
Inspection Type: Routine Inspection	
Licensee: 2138658 Ontario Ltd / 138 Main Street, Seeley's Bay, ON K0H 2N0 (the "Licensee")	
Retirement Home: Seeleys Bay Retirement Home / 138 Main Street, Seeley's Bay, ON K0H 2N0 (the "home")	
Licence Number: N0220	

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

NON-COMPLIANCE
<p>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>54. (2) The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (d) the licensee's procedure for complaints mentioned in subsection 73 (1); (s) information as to whether the retirement home has automatic sprinklers in each resident's room; (t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;
<p>Inspection Finding</p> <p>The Information Package was missing the complaint's procedure, staffing information, and information with respect to sprinklers. The abuse policy contained did not meet the requirements of the legislation.</p>
<p>Outcome</p> <p>Corrective action required by the Licensee. Warning Letter issued.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 55; Posting information.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 11; Posted information.</p>

Specifically, the Licensee failed to comply with the following subsection(s):

55. (2) Every licensee of a retirement home shall ensure that the following information is posted in the home in a conspicuous and easily accessible location and in a manner that complies with the prescribed requirements, if any:

3. An explanation of the measures to be taken in case of fire.

11. (1) For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:

3. An explanation of the procedures to be followed in the case of an evacuation.

Inspection Finding

An explanation of measures to be taken in the case of fire and procedures to be followed in the case of an evacuation were not posted in the home.

Outcome

Corrective action required by the Licensee. Warning Letter issued.

- 3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Safety plans. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general. 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 subsection(s):

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

1. An emergency plan that responds to emergencies in the home or in the community in which the home is located and that meets the prescribed requirements.

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

24. (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,

- (i) the loss of essential services,
- (ii) situations involving a missing resident,
- (iii) medical emergencies,
- (iv) violent outbursts;

25. (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;

(b) identification of hazards and risks that may give rise to an emergency affecting the home, whether the hazards and risks arise within the home or in the surrounding vicinity or community, and strategies to address those hazards and risks.

25. (3) The licensee shall ensure that the emergency plan provides for the following:

1. Dealing with,
 - ii. community disasters,
 - iii. violent outbursts,
 - iv. bomb threats,
 - v. medical emergencies,
 - vi. chemical spills,
 - vii. situations involving a missing resident,
 - viii. loss of one or more essential services.
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.

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

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

25. (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 Licensee's emergency plan for the home does not contain all of the requirements under the legislation. There has been no testing of the home's emergency plan. There has been no identification of hazards and risks that may give rise to an emergency affecting the home. There are no resources, supplies and equipment readily available and set aside for emergency response. There is no evidence of consultations or arrangements with community partners or agencies who would be involved in responding to an emergency.

Outcome

Corrective action required by the Licensee. Warning Letter issued.

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

27. (4) The licensee of a retirement home shall ensure that a written surveillance protocol is established in consultation with the local medical officer of health or designate in order to identify, document and monitor residents who report symptoms of respiratory or gastrointestinal illness.

27. (5) The licensee of a retirement home shall ensure that,
(a) if an infectious disease outbreak occurs in the home, the outbreak is reported to the local medical officer of health or designate and the licensee defers to the officer or designate, as the case may be, for assistance and consultation as appropriate;
(b) if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted;
(c) processes for meeting the requirements in clauses (a) and (b) are established and the processes are recorded in writing.

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;
(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

There is no written infection prevention and control program. There is no evidence that staff training has been done with respect to infection prevention and control.

Outcome

Corrective action required by the Licensee. Warning Letter issued.

5. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs. 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 subsection(s):

43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

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

1. Continence.
2. Presence of infectious diseases.

3. Risk of falling.
4. Known allergies.
5. Dietary needs including known food restrictions.
6. Cognitive ability.
7. Risk of harm to self and to others.
8. Risk of wandering.
9. Needs related to drugs and other substances.

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.

44. (2) The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

1. Physical and mental health.
2. Functional capacity.
3. Cognitive ability.
4. Behavioural issues.
5. Need for care services.
6. Need for assistance with the activities of daily living.
7. The matters listed in subsection 43 (2).
8. Any other matter relevant to developing a plan of care for the resident.

Inspection Finding

The Licensee does not conduct initial or full assessments on residents of the home.

Outcome

Corrective action required by the Licensee. Warning Letter issued.

- 6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.**
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.
The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.
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):

- 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;

65. (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.

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.

55. (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;

Inspection Finding

There is no written evidence that staff training has been conducted in the home.

Outcome

Corrective action required by the Licensee. Warning Letter issued.

**7. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Contents.
The Licensee failed to comply with O. Reg. 166/11, s. 15; Policy of zero tolerance of abuse and neglect.**

Specifically, the Licensee failed to comply with the following subsection(s):

67. (5) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,

- (a) clearly set out what constitutes abuse and neglect;
- (c) provide for a program for preventing abuse and neglect;
- (e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
- (f) set out the consequences for those who abuse or neglect residents;
- (g) comply with the prescribed requirements, if any, respecting the matters described in clauses (a) to (f);
- (h) deal with the additional matters, if any, that are prescribed.

15. (1) The program for preventing abuse and neglect described in clause 67 (5) (c) of the Act shall entail training and retraining requirements for all staff of the retirement home, including,

- (a) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care;
- (b) situations that may lead to abuse and neglect and how to avoid such situations.

15. (2) The procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents described in clause 67 (5) (e) of the Act shall include details outlining who will undertake the investigation and who will be informed of the investigation.

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

- (d) provide that the licensee of the retirement home shall ensure that the resident’s substitute decision-makers, if any, and any other person specified by the resident,
 - (i) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a resident’s health or well-being,
 - (ii) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident;
- (g) provide that the licensee of the retirement home shall ensure that,
 - (i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,
 - (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
 - (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
 - (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented,
 - (v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.
- (a) contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (b) contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
- (c) identify measures and strategies to prevent abuse and neglect;
- (e) provide that the licensee of the retirement home shall ensure that the resident and the resident’s substitute decision-makers, if any, are notified of the results of an investigation described in clause 67 (5) (e) of the Act immediately upon the completion of the investigation;

Inspection Finding

The Licensee's policy to promote zero tolerance of abuse and neglect of residents does not contain all of the required information.

Outcome

Corrective action required by the Licensee. Warning Letter issued.

8. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Procedure for complaints to licensee.

The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.

Specifically, the Licensee failed to comply with the following subsection(s):

73. (1) Every licensee of a retirement home shall ensure that there is a written procedure for a person to complain to the licensee about the operation of the home and for the way in which the licensee is required to deal with complaints.

59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date that the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any, of the complaint;
- (e) every date on which any response was provided to the complainant and a description of the response;

Inspection Finding

There is no complaints procedure and no written records of complaints kept in the home.

Outcome

Corrective action required by the Licensee. Warning Letter issued.

9. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.

Specifically, the Licensee failed to comply with the following subsection(s):

22. (1) Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.

Inspection Finding

Strategies to reduce or mitigate the risk of falls have not been developed, documented or implemented in the home.

<p>Outcome Corrective action required by the Licensee. Warning Letter issued.</p>
<p>10. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home; (b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home; (c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home; (d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.
<p>Inspection Finding A written behaviour management strategy has not been developed nor implemented in the home.</p>
<p>Outcome Corrective action required by the Licensee. Warning Letter issued.</p>
<p>11. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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,</p> <ul style="list-style-type: none"> (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, <p>30. If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,</p>

- (a) the drugs or other substances are stored in an area or a medication cart that,
 - (i) is used exclusively for drugs or other substances and for supplies related to drugs or other substances,
 - (ii) is locked and secure,
 - (iii) protects the drugs or other substances from heat, light, humidity or other environmental conditions that may affect their efficacy,
 - (iv) complies with the manufacturer’s instructions for the storage of the drugs or other substances;

31. (1) 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 establish a medication management system, which includes written policies and procedures, to ensure that all drugs and other substances to be administered to residents of the home are acquired, received in the home, stored, dispensed, administered, destroyed and disposed of correctly as required by law and in accordance with prevailing practices.

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,

- (a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered;
- (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 is no evidence that staff in the home have been trained in the procedures applicable to the administration of a drug, ways of reducing infectious diseases, safe disposal of syringes and sharps, and recognizing adverse drug reactions. Storage of medication did not meet the requirements of the legislation. The written medication management policies and procedures do not contain all of the requirements of the legislation. The written records of administration of a drug are not completed correctly according to the legislation. There is no written evidence that drugs administered to residents are prescribed by a person authorized under section 27 of the Regulated Health Professions Act, 1991.

Outcome

Corrective action required by the Licensee. Warning Letter issued.

12. 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.

55. (2) The record for each resident shall include,

- (a) documentation of all consents related to the collection, use, retention or disclosure of the resident’s personal information, including personal health information;
- (d) a copy of the resident’s most recent plan of care;
- (c) if the resident did not consent to an assessment, documentation of that fact;
- (b) if the resident was assessed for the purposes of developing the resident’s plan of care, documentation of when the resident was assessed and by whom;
- (e) a copy of the written agreement between the resident and the licensee required under section 53 of the Act;
- (f) if the licensee is required to deliver notice to the resident under clause 49 (1) (b) of the Act with respect to ceasing to operate the home as a retirement home, evidence that the licensee delivered the notice and that the resident received it;
- (g) a copy of the written instructions and authorizations and acknowledgements of receipt of funds of the resident and the person acting on behalf of the resident that relate to money required to be held in trust under section 72 of the Act and that subclause 57 (9) (g) (ii) of this Regulation requires the licensee to retain.

Inspection Finding

The record kept for each resident does not comply with the legislated requirements.

Outcome

Corrective action required by the Licensee. Warning Letter issued.

13. The Licensee failed to comply with O. Reg. 166/11, s. 57; Trust for resident's money.

Specifically, the Licensee failed to comply with the following subsection(s):

57. (2) 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.

Inspection Finding

Non-interest bearing accounts have not been established for residents’ money entrusted to the Licensee.

Outcome

Corrective action required by the Licensee. Warning Letter issued.

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 December 11, 2014
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