

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

Inspection Information	
Date of Inspection: October 17, 2018	Name of Inspector: Mark Dennis
Inspection Type: Routine Inspection	
Licensee: Pleasant Valley Rest Home Inc. / 511 Queensville Side Road, Holland Landing, ON L9N 0G1 (the "Licensee")	
Retirement Home: Pleasant Valley Rest Home / 511 Queensville Side Road, Holland Landing, ON L9N 0G1 (the "home")	
Licence Number: T0455	

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, (l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers;</p>
<p>Inspection Finding</p> <p>During the inspection the Licensee was unable to demonstrate that the information package contained the prescribed content.</p>
<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Agreement required.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>53. (1) The licensee of a retirement home shall enter into a written agreement with every resident of the home before the resident commences residency in the home.</p>
<p>Inspection Finding</p> <p>During the inspection the Licensee was unable to demonstrate that residents entered into a written agreement prior to moving into the home.</p>

Outcome

The Licensee must take corrective action to achieve compliance.

- 3. 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):

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;

(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.

25. (2) The licensee shall ensure that the development of the emergency plan includes,

(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,
 - iii. violent outbursts,
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.

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

1. Plan activation.
2. Lines of authority.
3. Communications plan.

<p>Inspection Finding</p> <p>During the inspection the Licensee was unable to demonstrate that the Emergency Plan contained the prescribed content or provided evidence of annual testing.</p>
<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p>4. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>43. (2) The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:</p> <ul style="list-style-type: none"> 3. Risk of falling. 7. Risk of harm to self and to others. <p>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.</p>
<p>Inspection Finding</p> <p>During the inspection the Licensee was unable to demonstrate that residents initial assessment contained the prescribed content. Further, there was no evidence when residents full assessment were completed.</p>
<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p>5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going training. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>65. (4) The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.</p> <p>14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.</p>
<p>Inspection Finding</p> <p>During the inspection the Licensee was unable to demonstrate that staff have been trained annually in Bill of Rights, Zero Tolerance of Abuse and Neglect, Whistle Blowing, PASD and Fire Safety.</p>
<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p>6. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

- 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;
 - (d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;
 - (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;

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

Inspection Finding

During the inspection the Licensee was unable to demonstrate the home Zero Tolerance of Abuse and Neglect policy contained the prescribed content.

Outcome

The Licensee must take corrective action to achieve compliance

7. 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):

- 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;
 - (f) any response made in turn by the complainant.

Inspection Finding

During the inspection the Licensee was unable to demonstrate that the home Complaints Policy contained the prescribed records.

Outcome

The Licensee must take corrective action to achieve compliance.

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

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

- 20. (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

During the inspection the Licensee was unable to demonstrate that a staff member responsible for preparing meals possessed a valid food handling certificate.

Outcome

The Licensee must take corrective action to achieve compliance.

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

During the inspection the Licensee was unable to demonstrate that the Falls Prevention policy contained the prescribed content.

Outcome

The Licensee must take corrective action to achieve compliance.

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

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

- (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

During the inspection the Licensee was unable to demonstrate that there was a written record of the administration of a residents prescription or evidence of the prescription.

Outcome

The Licensee must take corrective action to achieve compliance.

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 November 6, 2018
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