RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: April 3, 2024	**Name of Inspector: Angela Butler**
Inspection Type: Routine Inspection	
Licensee: ACC-002435 - Dementia Care Inc.	
Retirement Home: Highview Residences	
License Number: S0029	

About Routine Inspections

A routine inspection, performed by an RHRA inspector, is a physical inspection of a licensed retirement home. During a routine inspection, an RHRA inspector will walk through the home, speak to residents and staff, observe care services and conditions in the home, and ensure the licensee's management and staff follow mandatory policies and practices designed to protect the welfare of residents.

Following a routine inspection, the RHRA inspector prepares a draft inspection report which is sent to the licensee. The draft report may include instances where the licensee has failed to meet the standards of the *RHA*. If included, the licensee can respond to these instances and is strongly encouraged to inform RHRA of its plans to meet the standards of the *RHA*.

Following the draft report, the RHRA inspector prepares this final inspection report, incorporating any response from the licensee with their plans to meet the standards of the *RHA*. The most recent final inspection report must be posted in the home in a visible and easily accessible location. All final inspection reports from the previous two years must also be made available in an easily accessible location in the home. The licensee must provide a copy of this report to the home's Residents' Council, if one exists.

In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.

If the licensee repeatedly does not meet the required standards, RHRA may take further action.

Focus Areas

During a routine inspection, an inspector will focus primarily on a set number of areas which have been identified as related to the health, safety and wellbeing of resident, and may take various actions to determine whether the licensee is compliant with the RHA in relating to the areas. The areas listed in this section are ones which an inspector has identified as non-compliant.

Focus Area #1: PASDs and Restraints

RHRA Inspector Findings

During the inspection, the inspector reviewed the residents' files and observed the residents' living space. The inspector observed one resident's bed had a full bedrail attached to the bed on one side of the bed and the bed was pushed up against the wall, so the resident was not able to exit the bed on either side. The resident's Personal Assistance Services Device (PASD) plan advises the resident uses two half-bed rails, but the plan of care advises one rail is tied down and the other one is up when the resident is in bed. The second resident's file the inspector reviewed revealed that the resident is capable of walking with a walker. The resident's plan of care advises she walks with a walker and requires a tilt recline wheelchair and bedrails for her safety. The PASD plan does not include a tilt recline wheelchair and there is no order for it from a qualified practitioner. The third resident was observed sitting in a tilt recline wheelchair with a lap belt and chair alarm. The resident's plan of care advises they walk with the use of a walker and under fall risk it advises the resident may use a lap belt for safety. The PASD plan advises the resident requires a tilt recline wheelchair, lap belt, and two-bed rails. The fourth resident file revealed that a resident was fighting and getting up from the shower chair while being showered, and the resident's substitute decision maker agreed to the use of a shower chair with a belt. There was no order for this device, nor was this in the resident's plan of care. The PASD plans all advise that alternatives have been tried with no effect. As such, the inspector found that the home was using certain devices for multiple residents in ways that would be meet the definition of a restraint, which is not permitted. The Licensee failed to follow the requirements for restraints and PASDs as set out in the legislation.

Outcome

The Licensee submitted a plan to achieve compliance by Tue May 14, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #2: Resident Record, Assessment, Plan of Care

RHRA Inspector Findings

As part of the routine inspection, the inspector reviewed a sample of resident care files and found that two residents did not have care conferences when their plans of care were updated, and two residents did not have care conferences done at all. All plans of care reviewed lacked clear directions to staff who provide care to the residents and the plans of care were not updated as the resident's care needs changed. The Licensee failed to ensure that plans of care were in compliance with the legislation.

Outcome

The Licensee submitted a plan to achieve compliance by Fri May 31, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Additional Findings

During a routine inspection, an inspector may observe areas of non-compliance that are not related to the standard focus areas. In these cases, an inspector may cite the home for these contraventions at the time of this inspection. In addition, an inspector may follow-up on findings of non-compliance from previous inspections. Where the licensee is unable to demonstrate they have come into compliance or maintained compliance, an inspector may cite the home for these repeat contraventions at the time of this inspection.

Not Applicable

Current Inspection – Citations

Citations relating to the above Focus Areas or Additional Findings made during the current inspection are listed below.

The Licensee failed to comply with the RHA s. 47. (5); Development of plan of care

s. 47. (5); Development of plan of care
47. (5) If an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident's plan of care and that the resident's plan of care takes into account the results of the care conference.

The Licensee failed to comply with the RHA s. 62. (12); Reassessment and revision

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62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,

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

s. 62. (12), (b)
(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

The Licensee failed to comply with the RHA s. 62. (4); Contents of plan

s. 62. (4); Contents of plan
62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

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

s. 62. (4), (b)
(b) the planned care services for the resident that the licensee will provide, including,

s. 62. (4), (b), 3.
(iii) clear directions to the licensee's staff who provide direct care to the resident;

The Licensee failed to comply with the RHA s. 68. (1); Restraints prohibited

s. 68. (1); Restraints prohibited
68. (1) No licensee of a retirement home and no external care providers who provide care services in the home shall restrain a resident of the home in any way, including by the use of a physical device or by the administration of a drug except as permitted by section 71.

The Licensee failed to comply with the RHA s. 69. (2); Restrictions on use

s. 69. (2); Restrictions on use
69. (2) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

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

s. 69. (2), (c)
(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 1.
(i) a legally qualified medical practitioner,

Closed Citations
During an inspection, an inspector may follow-up with areas of non-compliance cited during a previous inspection, or verify compliance with areas initially cited during the current inspection. The inspector has verified that at the time of this report, the licensee was able to demonstrate that the following areas have come into compliance.

Ontario Regulation 166/11:

s. 24. (4); Emergency plan, general
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.

s. 59. (1); Procedure for complaints to licensee
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:

s. 59. (1), para. 2
2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.

s. 59. (2); Procedure for complaints to licensee
59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

s. 59. (2), (d)
(d) the final resolution, if any, of the complaint;

NOTICE

The Final Inspection Report is being provided to the Licensee, the Registrar of 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 Retirement Home Database available online at http://www.rhra.ca/en/retirement-home-database.

Signature of Inspector  RN	Date May 9, 2024