

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

Inspection Information	
Date of Inspection: 3/28/2024	Name of Inspector: Shara Bundy
Inspection Type: Routine Inspection	
Licensee: ACC-002407 - 873888 Ontario Limited	
Retirement Home: Rosedale Retirement Residence	
License Number: T0408	

About Routine Inspections
<p>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.</p> <p>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 <i>RHA</i>. 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 <i>RHA</i>.</p> <p>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 <i>RHA</i>. 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.</p> <p>In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.</p> <p>If the licensee repeatedly does not meet the required standards, RHRA may take further action.</p>

Focus Areas
<p><i>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.</i></p> <p>Focus Area #1: Behaviour Management</p>

RHRA Inspector Findings

The inspector reviewed the home's communication book,, and incident reports, as well as the home's behaviour management policy and found that the staff did not follow the behaviour management policy for 3 residents who exhibited behaviours that put themselves or other residents at risk. The licensee was unable to provide evidence of heightened monitoring or interventions to address or minimize the behaviours. Additionally, the staff had not updated the Plans of Care to identify triggers and strategies to manage the risk of behaviours. The licensee failed to follow their behaviour management policy as required.

Outcome

The Licensee provided information indicating that corrective action was being taken, however, further action must be taken to achieve compliance with all areas outlined in the finding. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #2: Complaints**RHRA Inspector Findings**

The Inspector reviewed the Licensee's Complaint Log and noted that the home had not completed quarterly or annual reviews as required.

Outcome

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #3: Other Requirements**RHRA Inspector Findings**

The inspector reviewed documentation provided during the inspection and found that the Licensee failed to provide evidence of police checks and vulnerable sector screens for the staff working in the home. .The Licensee failed to obtain, at the time of hire, the required documentation for staff working in the home as required.

Outcome

The Licensee has demonstrated it has taken corrective action to achieve compliance.

Focus Area #4: Resident Record, Assessment, Plan of Care**RHRA Inspector Findings**

The inspector reviewed a sample of resident care files and found that plans of care were not approved by a member of a professional college as required. The plans of care were also not reviewed or revised every 6 months as required. Additionally, the licensee failed to ensure that plans of care are updated as residents' needs and preferences change, to include behaviour management strategies and interventions to minimize the behaviours. The Licensee failed to ensure that plans of care are completed and approved as required.

Outcome

The Licensee submitted a plan to achieve compliance by Mon Jun 10 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #5: Staff Training

RHRA Inspector Findings

The inspector reviewed a sample of staff training records and found that a staff member had not received the mandatory training which is required at the time of hire. The inspector also found that staff have not received training upon hire or annually regarding Mental health issues, including caring for persons with dementia. The Licensee failed to ensure that staff were trained as required.

Outcome

The Licensee submitted a plan to achieve compliance by Wed May 15 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.

Additional Finding#1: Falls Prevention**RHRA Inspector Findings**

The inspector reviewed the Falls Prevention Policy, falls log and incident reports and found that the Licensee was unable to provide evidence of an annual review of the falls and evaluation of the risk of falls in the home. The licensee fail to ensure evaluate the risk of falls in the home at least annually and keep a written record of each evaluation

Outcome

The Licensee has demonstrated it has taken corrective action to achieve compliance.

Additional Finding#2: Food Preparation and Provision**RHRA Inspector Findings**

The inspector interviewed staff and observed the storage of food in the home and found that the Licensee failed to ensure that all foods and fluids used in food preparation are prepared, stored, and served using methods to prevent contamination and food borne illness, as required.

Outcome

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or by inspection.

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. 14. (1); Staff training

s. 14. (1); Staff training

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.

The Licensee failed to comply with the RHA s. 14. (3); Staff training

s. 14. (3); Staff training

14. (3) For the purposes of paragraph 5 of subsection 65 (5) of the Act, every licensee of a retirement home shall ensure that every staff member who provides a care service to a resident has received or receives training in,

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

s. 14. (3), (b)

(b) each care service offered in the home so that the staff member is able to understand the general nature of each of those services, the standards applicable under the Act to each of those services and the aspects of each of those services that may be relevant to the staff member's own duties in the home.

The Licensee failed to comply with the RHA s. 14. (5); Staff training

s. 14. (5); Staff training

14. (5) The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

The Licensee failed to comply with the RHA s. 20. (2); Food preparation

s. 20. (2); Food preparation

20. (2) The licensee shall ensure that all foods and fluids used in food preparation are prepared, stored, and served using methods to prevent contamination and food borne illness.

The Licensee failed to comply with the RHA s. 23. (1); Behaviour management

s. 23. (1); Behaviour management

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

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

s. 23. (1), (c)

(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;

s. 23. (1), (d)

(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.

The Licensee failed to comply with the RHA s. 27. (9); Infection prevention and control program

s. 27. (9); Infection prevention and control program

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,

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

s. 27. (9), (a)

(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;

s. 27. (9), (b)

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

The Licensee failed to comply with the RHA s. 59. (3); Procedure for complaints to licensee

s. 59. (3); Procedure for complaints to licensee

59. (3) The licensee shall ensure that,

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

s. 59. (3), (a)

(a) the written record is reviewed and analyzed for trends at least quarterly;

s. 59. (3), (b)

(b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home;

s. 59. (3), (c)

(c) a written record is kept of each review and of the improvements made in response.

The Licensee failed to comply with the RHA s. 62. (6); Assessment of resident

s. 62. (6); Assessment of resident

62. (6) The licensee shall ensure that the plan of care is based on an assessment of the resident and the needs and preferences of the resident.

The Licensee failed to comply with the RHA s. 62. (9); Persons who approve plans of care

s. 62. (9); Persons who approve plans of care

62. (9) The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:

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

s. 62. (9), para. 2

2. The prescribed person if there is a person prescribed for the purpose of this paragraph.

The Licensee failed to comply with the RHA s. 65. (2); Training

s. 65. (2); Training

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

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

s. 65. (2), (a)

(a) the Residents' Bill of Rights;

s. 65. (2), (b)

(b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

s. 65. (2), (c)

(c) the protection afforded for whistle-blowing described in section 115;

s. 65. (2), (d)

(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

s. 65. (2), (e)

(e) injury prevention;

s. 65. (2), (f)

(f) fire prevention and safety;

s. 65. (2), (g)

(g) the licensee's emergency evacuation plan for the home mentioned in subsection 60 (3);

s. 65. (2), (h)

(h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);

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. 13. (1); Hiring staff and volunteers

13. (1) The police background check required by section 64 of the Act for a staff member or a volunteer working in a retirement home shall be,

s. 13. (1), (a)

(a) conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015;

s. 13. (2); Hiring staff and volunteers

13. (2) The police background check shall include a vulnerable sector screen to determine the person's suitability to be a staff member or volunteer in a retirement home and to protect residents from abuse and neglect.

s. 22. (4); Risk of falls

22. (4) Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

s. 23. (1); Behaviour management

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

s. 23. (1), (a)

(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;

s. 23. (1); Behaviour management

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour

management strategy that includes,

s. 23. (1), (b)

(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;

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 <i>Shara Bundy</i>	Date May 15, 2024
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