

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

Inspection Information

Date of Inspection: 5/3/2024

Name of Inspector: Pam Hand

Inspection Type: Routine Inspection

Licensee: ACC-002470 - Chartwell Master Care Corporation

Retirement Home: Chartwell Tranquility Place Retirement Residence

License Number: S0057

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: Behaviour Management

RHRA Inspector Findings

The Inspector reviewed a sample of three resident's care plans. The Licensee advised two of the residents had dementia and they were exit-seeking and on DOS tracking for their protection. The third resident had verbal aggressions with staff and residents. The Licensee could not produce a behaviour management plan for any of the three residents that provided strategies and techniques to prevent the behaviours, strategies for staff to follow for these residents when displaying the behaviours, or strategies for the monitoring of the residents, The Licensees behaviour management policy indicated that this information was to be included in the resident's plans of care. The plans of care did not give any indication of the resident's behaviours, or behaviour management strategies/techniques.

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 #2: Resident Record, Assessment, Plan of Care

RHRA Inspector Findings

The inspector reviewed a sample of three resident care files. Two residents had dementia and were on DOS tracking for exit seeking. The third resident had developed verbal aggressions. The care plans were very basic and brief, not giving clear direction to staff that provide direct care to the residents, or information to allow staff to understand the resident's needs and preferences. They did not indicate whether the POA/SDM was given the opportunity to participate in the development of the plan of care, or who had participated in the development of the plans of care. There was no indication there was a care conference held for each of the two residents with dementia or consent for the assessments. Two of the care plans did not indicate whether the residents had any food sensitivities, restrictions, or allergies. The care plans for the exit seeking residents did not indicate the residents had dementia and were not updated to show they had started exit-seeking a few months prior and that this was not a safe behaviour for them.

Outcome

The Licensee submitted a plan to achieve compliance by Fri Jun 28 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #3: Staff Training

RHRA Inspector Findings

The Inspector reviewed the training records for four staff members involved with providing care to residents. One staff member was new, and three had been in the home for over 6 months. The new staff member had not completed any of the mandatory training prior to working on the floor with residents for over 10 days. Two staff members hired in 2023 had not yet completed their orientation PASD orientation or Fire Prevention and safety training. Three of the staff that had worked at the home for longer than six months had not completed their behaviour management training, Annual training had not been completed for two staff members that had worked at the home for over one year.

Outcome

The Licensee submitted a plan to achieve compliance by Sun Jun 30 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. 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. (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. 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), (a)**

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

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;

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;

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. 47. (4); Development of plan of care

s. 47. (4); Development of plan of care

47. (4) Subject to subsections (5) and (6), a plan of care for a resident is complete if the plan,

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

s. 47. (4), (a)

(a) satisfies the requirements in subsections 62 (4) of the Act;

s. 47. (4), (b)

(b) sets out,

s. 47. (4), (b), 1.

(i) any information that is necessary to allow the licensee's staff to understand the resident's needs and preferences, including cultural, spiritual and religious preferences and customary routines,

s. 47. (4), (b)

(b) sets out,

s. 47. (4), (b), 3.

(iii) the names of the persons who participated in the development of the plan and whether the resident and his or her substitute decision-makers, if any, participated in the development of the plan;

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

s. 62. (12); Reassessment and revision

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. (2); Assessment only with consent, etc.

s. 62. (2); Assessment only with consent, etc.

62. (2) Nothing in this section authorizes a licensee to assess or to reassess a resident without the resident's consent.

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. 62. (5); Involvement of resident, etc.

s. 62. (5); Involvement of resident, etc.

62. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate in the development, implementation and reviews of the resident's plan of care.

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), (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);

s. 65. (2), (i)

(i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties;

The Licensee failed to comply with the RHA s. 65. (4); On-going training

s. 65. (4); On-going training

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.

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.

Retirement Homes Act, 2010:

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:

s. 62. (9), para. 1

1. The resident or the resident's substitute decision-maker.

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:

s. 62. (9), para. 2

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

Ontario Regulation 166/11:

s. 19. (2); Maintenance

19. (2) The maintenance program shall include policies and procedures for routine, preventative and remedial maintenance of the following in the retirement home:

s. 19. (2), para. 3

3. If provided by the licensee, ventilation systems, air conditioning systems, hot water holding tanks and computerized systems monitoring the home's water temperature.

s. 22. (3); Risk of falls

22. (3) If a resident of a retirement home falls in the home in circumstances other than those described in subsection (2) and the licensee or a staff member becomes aware of the fall, the licensee shall ensure that the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.

s. 27. (5); Infection prevention and control program

27. (5) The licensee of a retirement home shall ensure that,

s. 27. (5), (0.a)

(0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home;

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. 1

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.

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. (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. 3

3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.

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. 4

4. A response shall be made to the person who made the complaint, indicating,

s. 59. (1), para. 4, 1.

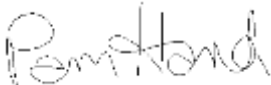
i. what the licensee has done to resolve the complaint,

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 	Date June 5, 2024
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