

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

Inspection Information

Date of Inspection: May 15, 2024

Name of Inspector: Angela Butler

Inspection Type: Routine Inspection

Licensee: ACC-002765 - Village Care Holdings Inc. & Manorcare Holdings Inc.

Retirement Home: Queens Village for Seniors

License Number: S0173

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

As part of the routine inspection, a review of a resident's record who was identified as having responsive behaviours indicated that the Licensee had not developed a behaviour management strategy that included techniques and strategies to prevent and address the resident's behaviours. The Licensee failed to implement their behaviour management policy fully.

Outcome

The Licensee must take corrective action to achieve compliance.

Focus Area #2: Emergency Plan**RHRA Inspector Findings**

The inspector reviewed the Licensee's records of testing for their emergency plans and found that the testing for situations involving epidemic/pandemics had not been tested in the last 12 months. The Licensee failed to ensure that testing was done annually as required.

Outcome

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

Focus Area #3: Resident Record, Assessment, Plan of Care**RHRA Inspector Findings**

The inspector reviewed a sample of resident care files and found that one resident did not have a plan of care completed at all at the time of the inspection. Furthermore, the inspector found that three residents had not had their plans of care updated every 6 months. In addition, two residents reside on the memory care unit and one resident had impaired skin integrity. There was no evidence that care conferences were being held for these residents. The Licensee failed to ensure the plans of care were in updated and completed in compliance with the legislation.

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 #4: Staff Training**RHRA Inspector Findings**

As part of the routine inspection, the inspector reviewed medication administration training records for all UCPs who administer medications. In reviewing the documentation, 10 staff members had not received medication administration training within the last 12 months. The Licensee failed to ensure all staff who administer medication were trained following the legislation. Furthermore, the Licensee was unable to provide evidence that the Dementia Care Program was supervised by an appropriate staff member who has specific training in dementia care.

Outcome

The Licensee must take corrective action to achieve compliance.

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: Dementia Care

RHRA Inspector Findings

As part of the routine inspection, the inspector reviewed the home's Dementia Care Program as this is a care service offered by the home. In reviewing the documentation there was no evidence that the home included therapies, techniques, and activities including mental stimulation to maximize the functioning and independence of the resident, monitoring of residents for their safety and well-being, therapies, activities, and techniques to promote quality of life and well being, strategies for communicating with residents with compromised communication, and strategies for identifying and addressing responsive behaviours. Also, there was no evidence the program was developed with evidence-based practices. Furthermore, there was no documentation that the program had been evaluated annually. The Licensee failed to ensure the Dementia Care Program was aligned with the legislation.

Outcome

The Licensee must take corrective action to achieve compliance.

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. 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. 29.; Administration of drugs or other substances

s. 29.; Administration of drugs or other substances

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,

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

s. 29. (c)

(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;

s. 29. (e)

(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,

s. 29. (e), 1.

(i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,

s. 29. (e)

(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,

s. 29. (e), 2.

(ii) the safe disposal of syringes and other sharps,

s. 29. (e)

(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,

s. 29. (e), 3.

(iii) recognizing an adverse drug reaction and taking appropriate action;

The Licensee failed to comply with the RHA s. 41. (2); Dementia care program

s. 41. (2); Dementia care program

41. (2) The program shall include,

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

s. 41. (2), (a)

(a) therapies, techniques and activities, including mental stimulation, to maximize the functioning and independence of the resident in the areas of physical, cognitive, sensory and social abilities;

s. 41. (2), (b)

(b) monitoring the resident for safety and wellbeing;

s. 41. (2), (c)

(c) therapies, techniques and activities to promote quality of life and wellbeing for the resident;

s. 41. (2), (d)

(d) strategies for communicating with the resident if the resident has compromised communication and verbalization skills, a cognitive impairment or cannot communicate in the languages used in the retirement home;

s. 41. (2), (e)

(e) strategies for identifying and addressing triggers for responsive behaviours if the resident exhibits responsive behaviours.

The Licensee failed to comply with the RHA s. 41. (3); Dementia care program

s. 41. (3); Dementia care program

41. (3) The program shall be developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The Licensee failed to comply with the RHA s. 41. (4); Dementia care program

s. 41. (4); Dementia care program

41. (4) The program shall be supervised by a member of a College, as defined in the Regulated Health Professions Act, 1991, with specific training in dementia care and care of older adults.

The Licensee failed to comply with the RHA s. 41. (5); Dementia care program

s. 41. (5); Dementia care program

41. (5) The program shall be evaluated at least annually and the licensee shall keep a written record of each evaluation.

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. (1); Plan of care

s. 62. (1); Plan of care

62. (1) When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.

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,

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. (5); Emergency plan, general

24. (5) The licensee shall,

s. 24. (5), (a)

(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,

s. 24. (5), (a), 3.1


(iii.1) epidemics and pandemics,

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 June 18, 2024
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