

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

Inspection Information	
<b>Date of Inspection:</b> January 25, 2017	<b>Name of Inspector:</b> Debbie Rydall
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 2259973 Ontario Inc. / 854 2nd Avenue, Owen Sound, ON N4K 4M5 (the "Licensee")	
<b>Retirement Home:</b> John Joseph Place / 854 2nd Avenue , Owen Sound, ON N4K 4M5 (the "home")	
<b>Licence Number:</b> S0108	

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><b>1. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b><u>25. (3)</u></b> The licensee shall ensure that the emergency plan provides for the following:</p> <p>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.</p>
<p><b>Inspection Finding</b></p> <p>The Licensee's emergency plan was not completely aligned with the requirements of the legislation; specifically it did not include a system 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.</p>
<p><b>Outcome</b></p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>
<p><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

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

- (a) the Residents’ Bill of Rights;
- (b) the licensee’s policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;
- (c) the protection afforded for whistle-blowing described in section 115;
- (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;
- (f) fire prevention and safety;

**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.

**Inspection Finding**

The inspection revealed that staff received the required mandatory training; however the evidence didn't support that the training had been completed prior to working in the home as the orientation sign off's were not all dated to indicate the date of completion.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

**3. 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.**

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

**67. (5)** At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,

- (c) provide for a program for preventing abuse and neglect;
- (e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;

**15. (1)** The program for preventing abuse and neglect described in clause 67 (5) (c) of the Act shall entail training and retraining requirements for all staff of the retirement home, including,

- (a) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care;
- (b) situations that may lead to abuse and neglect and how to avoid such situations.

**15. (2)** The procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents described in clause 67 (5) (e) of the Act shall include details outlining who will undertake the investigation and who will be informed of the investigation.

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

- (a) contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (c) identify measures and strategies to prevent abuse and neglect;

**Inspection Finding**

The Licensee's zero tolerance of abuse and neglect policy is not completely aligned with the requirements of the legislation in the prescribed areas as listed.

**Outcome**

The Licensee submitted plan to achieve compliance by February 27, 2017. RHRA to confirm compliance by inspection.

**4. 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,
- (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;

**Inspection Finding**

The home's written record of complaints is not completely aligned with the requirements of the legislation in the prescribed areas as listed.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

**5. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.**

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

- 23. (1)** Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,
- (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;

**Inspection Finding**

The Licensee's behaviour management strategy was not completely aligned with the legislation in the prescribed area as listed.

**Outcome**

The Licensee submitted plan to achieve compliance by February 27, 2017. RHRA to confirm compliance by inspection.

- 6. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.  
The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.  
The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

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

**30.** If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

- (a) the drugs or other substances are stored in an area or a medication cart that,
- (ii) is locked and secure,

**31. (1)** 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 establish a medication management system, which includes written policies and procedures, to ensure that all drugs and other substances to be administered to residents of the home are acquired, received in the home, stored, dispensed, administered, destroyed and disposed of correctly as required by law and in accordance with prevailing practices.

**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,

- (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**

The routine inspection revealed that the home's medication management system was not completely aligned with the legislation; specifically related to medication administration. A tour of the home revealed that the door to the medication room and the cupboards used to store medications within the room were observed to be open and unlocked at the time of the inspection. Further there was no evidence to support that written orders were in place for all of the reviewed files.

**Outcome**

The Licensee submitted plan to achieve compliance by February 27, 2017. RHRA to confirm compliance by inspection.

**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 March 3, 2017
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