

FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

Inspection Information

Date of Inspection: November 28, 2017 **Name of Inspector:** Debbie Rydall

Inspection Type: Mandatory Reporting Inspection

Licensee: 2259973 Ontario Inc. / 854 2nd Avenue, Owen Sound, ON N4K 4M5 (the "Licensee")

Retirement Home: John Joseph Place / 854 2nd Avenue, Owen Sound, ON N4K 4M5 (the "home")

Licence Number: S0108

Purpose of Inspection

The RHRA received a report under section 75(1) of the Retirement Homes Act, 2010 (the "RHA").

NON-COMPLIANCE

1. The Licensee failed to comply with O. Reg. 166/11, s. 41; Dementia care program.

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

- **41. (1)** If the licensee of a retirement home provides a dementia care program to a resident of the home, the licensee shall ensure that the program complies with this section.
- 41. (2) The program shall include,
 - (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;
 - (c) therapies, techniques and activities to promote quality of life and wellbeing for the resident;
 - (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:
 - (e) strategies for identifying and addressing triggers for responsive behaviours if the resident exhibits responsive behaviours.

Inspection Finding

The home's dementia care program was not completely aligned with the requirements of the legislation as it was not specific to the needs of the resident as per the requirements of the legislation.

Outcome

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

2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.

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The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Compliance with plan.

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.

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

- <u>62. (4)</u> 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,
 - (b) the planned care services for the resident that the licensee will provide, including,
 - (iii) clear directions to the licensee's staff who provide direct care to the resident;
 - (a) the care services that are part of a package of care services that the resident is entitled to receive under the resident's agreement with the licensee, whether or not the resident receives the services;
- **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:
 - 1. The resident or the resident's substitute decision-maker.
- **62. (10)** The licensee shall ensure that the care services that the licensee provides to the resident are set out in the plan of care and are provided to the resident in accordance with the plan and the prescribed requirements, if any.
- <u>62. (12)</u> 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,
 - (b) the resident's care needs change or the care services set out in the plan are no longer necessary;

Inspection Finding

The plans of care reviewed at the time of the inspection did not include the care services that the residents were entitled to receive under the residents' agreement and did not provide clear directions to the staff providing direct care to the resident or that the plans of care were consistently approved by the resident or the resident's substitute decision -maker. Further; there was no evidence to support that the plans of care were reviewed and revised as per the requirements of the legislation.

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 O. Reg. 166/11, s. 22; Risk of falls.

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

22. (1) Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.

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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.

Inspection Finding

The home had developed the required falls strategy, however the evidence reviewed at the time of the inspection did not support that the home had fully implemented their policy; specifically, that incidents were consistently documented and corrective action taken.

Outcome

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

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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
Afolal	January 16, 2018

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