

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

Inspection Information	
<b>Date of Inspection:</b> May 30, 2018	<b>Name of Inspector:</b> Debbie Rydall
<b>Inspection Type:</b> Mandatory Reporting 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 received a report under section 75(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Involvement of resident, etc..</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Integration of assessments and care.</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Compliance with plan.</b>  <b>The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>62. (5)</b> 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.</p> <p><b>62. (8)</b> The licensee shall ensure that there are protocols to promote the collaboration between the staff, external care providers and others involved in the different aspects of care of the resident,</p> <p style="padding-left: 40px;">(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other;</p> <p style="padding-left: 40px;">(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.</p> <p><b>62. (9)</b> 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:</p> <ol style="list-style-type: none"> <li>1. The resident or the resident’s substitute decision-maker.</li> <li>2. The prescribed person if there is a person prescribed for the purpose of this paragraph.</li> </ol>

**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.

**47. (1)** Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident’s immediate care needs conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident’s immediate care needs.

**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.

**47. (6)** The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other person designated by the resident or the substitute decision-maker are given an opportunity to participate in the interdisciplinary care conference mentioned in subsection (5).

**Inspection Finding**

There was no documented evidence provided for review at the time of the inspection to support that the SDM for a resident residing in the home on a respite stay in the fall of 2017 had been given an opportunity to participate in the development of the resident’s plan of care or that a copy of the plan of care had been provided as per the legislation. Further, there was no evidence to support that protocols were in place to promote the collaboration between the staff, external care providers and others involved in the different aspects of care of the resident; specifically relating to physiotherapy provided by both the LHIN and a private pay physiotherapist. The assessment and plan plan of care was not completed within the required timeline. The resident required skin and wound care, dementia care, and PASD’s; however, the reviewed documentation did not support that a care conference had occurred as per the requirements of the legislation.

**Outcome**

The Licensee must take corrective action to achieve compliance.

- 2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Agreement required. The Licensee failed to comply with O. Reg. 166/11, s. 8; Copies of agreements to residents.**

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

**53. (1)** The licensee of a retirement home shall enter into a written agreement with every resident of the home before the resident commences residency in the home.

**8.** For the purposes of informing residents of their rights set out in the Residents’ Bill of Rights, the licensee of a retirement home shall provide to each resident of the home and to the resident’s substitute decision-makers, if any, the resident’s plan of care and a copy of each written agreement between the licensee and the resident,

<p>(a) as soon as possible after the agreement is made or the plan of care is developed, as the case may be; and</p>
<p><b>Inspection Finding</b> There was no documented evidence provided at the time of the inspection to support that the required tenancy agreement had been signed prior to the resident beginning residency; further the inspection confirmed that the SDM was not provided with a copy of the agreement as required by the legislation.</p>
<p><b>Outcome</b> The Licensee must take corrective action to achieve compliance.</p>
<p><b>3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Information for residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>54. (1)</b> Every licensee of a retirement home shall ensure that, (c) the package of information is accurate and revised as necessary;</p>
<p><b>Inspection Finding</b> The package of information reviewed at the time of the inspection did not contain accurate information; specifically relating to the call bell system and the minimum staffing level of the home. Management verified that the information was not specific to the home.</p>
<p><b>Outcome</b> The Licensee must take corrective action to achieve compliance.</p>
<p><b>4. The Licensee failed to comply with O. Reg. 166/11, s. 19; Maintenance.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>19. (1)</b> Every licensee of a retirement home shall ensure that a maintenance program is in place to ensure that the building forming the retirement home, including both interior and exterior areas and its operational systems, are maintained in good repair.</p>
<p><b>Inspection Finding</b> There was no evidence provided at the time of the inspection to support that the home had the required maintenance program in place as per the legislative requirements.</p>
<p><b>Outcome</b> The Licensee must take corrective action to achieve compliance.</p>
<p><b>5. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation. The Licensee failed to comply with O. Reg. 166/11, s. 40; Provision of a meal.</b></p>

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

**20. (4)** The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

**40.** 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 provision of a meal, the licensee shall ensure that,

- (a) if the licensee is the sole provider of the resident’s meals, the resident is offered at least three meals per day at reasonable and regular meal hours, a beverage between the morning and midday meals, a snack and a beverage between the midday and evening meals and a snack and a beverage after the evening meal;
- (e) the menu includes alternative entrée choices at each meal;
- (g) the resident is informed of his or her daily and weekly menu options;

**Inspection Finding**

The inspection verified that the required menus were not posted for the residents’ residing on the 3rd floor of the home; further alternate choices were not provided as required by legislation. The evidence did not support that residents were consistently offered and received the required snacks and beverages between meals. The home was unable to provide evidence of the required safe food handling certificates for the required staff working in the home during the months of August and September 2017.

**Outcome**

The Licensee must take corrective action to achieve compliance.

- 6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Standards.**  
**The Licensee failed to comply with O. Reg. 166/11, s. 36; Continence care.**  
**The Licensee failed to comply with O. Reg. 166/11, s. 39; Assistance with ambulation.**

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

**60. (1)** Every licensee of a retirement home shall ensure that the care services that the licensee and the staff of the home provide to the residents of the home meet the prescribed care standards.

**36. (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 continence care, the licensee shall establish a continence care program that includes,

- (c) toileting programs;
- (d) strategies to maximize the resident’s independence, comfort and dignity, including the use of equipment, supplies, devices and assistive aids.

**39.** If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is assistance with ambulation, the licensee shall ensure that,

(b) the resident receives help in accessing his or her mobility devices, including wheelchairs, walkers and canes.

**Inspection Finding**

The evidence reviewed at the time of the inspection did not support that a resident who had resided in the home in 2017 had received the required care services; specifically, continence care and assistance with ambulation as per the requirements of the legislation.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**7. 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. (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;
- (b) monitoring the resident for safety and wellbeing;
- (c) therapies, techniques and activities to promote quality of life and wellbeing for the resident;

**Inspection Finding**

The evidence reviewed at the time of the inspection did not support that the home had implemented their dementia care program as required for a resident residing in the home in 2017.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**8. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 69; Use of personal assistance services devices.**

**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 69; Restrictions on use.**

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

**69. (1)** A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only for the purpose of assisting the resident with a routine activity of living.

**69. (2)** A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

- (a) the licensee has considered or tried alternatives to the use of the device but has found that the alternatives have not been, or considers that they would not be, effective to assist the resident with a routine activity of living;


(e) the use of the device is included in the resident’s plan of care;
<p><b>Inspection Finding</b></p> <p>The evidence supported that PASD’s had been utilized for a resident; however, there was no evidence that the home had tried any alternatives to the PASD’s and there was no evidence that the PASD was removed as soon as it was no longer required to assist a resident with a routine act of daily living as per the requirements of the legislation.</p>
<p><b>Outcome</b></p> <p>The Licensee must take corrective action to achieve compliance.</p>

**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/>

<p>Signature of Inspector</p> 	<p>Date</p> <p>July 9, 2018</p>
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