

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

Inspection Information	
<b>Date of Inspection:</b> April 23, 2021	<b>Name of Inspector:</b> Pam Hand
<b>Inspection Type:</b> Mandatory Reporting Inspection	
<b>Licensee:</b> Village Care Holdings Inc. & Manorcare Holdings Inc. / 518 Queens Avenue, London, ON N6B 1Y7 (the "Licensee")	
<b>Retirement Home:</b> Queens Village for Seniors / 518 Queens Avenue, London, ON N6B 1Y7 (the "home")	
<b>Licence Number:</b> S0173	

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. 74; Licensee's duty to respond to incidents of wrongdoing.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>74.</b> Every licensee of a retirement home shall ensure that,</p> <p>(a) every alleged, suspected or witnessed incident of the following of which the licensee knows or that is reported to the licensee is immediately investigated:</p> <p>(i) abuse of a resident of the home by anyone,</p> <p>(ii) neglect of a resident of the home by the licensee or the staff of the home,</p> <p>(iii) anything else specified in the regulations;</p> <p>(b) appropriate action as determined in the context of this Part and in the circumstances is taken in response to every incident described in clause (a);</p> <p>(c) the prescribed requirements, if any, for investigating and responding as required under clauses (a) and (b) are complied with.</p>
<p><b>Inspection Finding</b></p> <p>The Licensee failed to properly investigate an allegation of a staff member physically and verbally abusing a resident.</p>
<p><b>Outcome</b></p> <p>The Licensee must take corrective action to achieve compliance.</p>

**2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 118; False information.**

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

**118.** No person shall knowingly provide false or misleading information to an inspector, the Registrar or any person employed or retained by the Authority in any statement or document in respect of any matter relating to this Act or the regulations, whether made or given orally, on paper or electronically.

**Inspection Finding**

The home knowingly provided false information to an Inspector, and documents presented were falsified.

**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; Policy to promote zero tolerance.**

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

**67. (4)** Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.

**Inspection Finding**

The Licensee failed to follow the homes abuse policy regarding investigation of an allegation of abuse, and failed to report the allegation to the RHRA or the resident’s substitute decision maker.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**4. 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.**

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

**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;

**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**

At the time of the inspection, the Licensee was not able to demonstrate that the listed training requirements had been met for two staff members that had recently been hired within the past year.

**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 the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.**
- The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Involvement of resident, etc..**
- 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; Reassessment and revision.**

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

**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,

- (b) the planned care services for the resident that the licensee will provide, including,
  - (ii) the goals that the services are intended to achieve,
  - (iii) clear directions to the licensee’s staff who provide direct care to the resident;

**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.

**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:

**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,

**Inspection Finding**

Evidence showed there were several areas of non-compliance related to the residents’ plan of care reviewed on the date of inspection. Specifically, not all plans of care were approved by their substitute decision makers. The resident and substitute decision makers were not given any input into the development of the updated plan of care or given a copy of the plan of care to review. The most current plans of care did not reflect the changes in care required by the residents or strategies to deal with identified behaviour problems.

**Outcome**

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

**6. The Licensee failed to comply with O. Reg. 166/11, s. 19; Maintenance.**

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

**19. (1)** 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.

**Inspection Finding**

On the date of inspection the elevators in the home were not being maintained and inspected as required by the homes General Maintenance policy.

**Outcome**

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

**7. The Licensee failed to comply with O. Reg. 166/11, s. 18; Pest control.**

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

**18. (1)** Every licensee of a retirement home shall ensure that there are procedures in place to keep the home free from pests and to deal with pests in the home.

**18. (2)** The licensee shall document the procedures implemented.

**18. (3)** The licensee shall ensure that timely action is taken to deal with pests in the retirement home.

**Inspection Finding**

At the time of inspection the home did not have a procedure in place that was effective at ridding the home of its lengthy bed bug infestation problem using professional pesticides and methods as recommended by Public Health.

**Outcome**


The Licensee must take corrective action to achieve compliance.

**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 Retirement Home Database, available online at <http://www.rhra.ca/en/retirement-home-database>.

Signature of Inspector 	Date  July 15, 2021
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