

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

Inspection Information	
Date of Inspection: July 7, 2021	Name of Inspector: Shyla Sittampalam
Inspection Type: Routine Inspection	
Licensee: VCare Retirement Home Inc. / 2 Lawrence Pilkington Avenue, Markham, ON L6B 0Z1 (the "Licensee")	
Retirement Home: V Care Retirement Home Inc / 1 Darby Court, Scarborough, ON M1B 5H3 (the "home")	
Licence Number: T0543	

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>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Procedure for complaints to licensee.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>73. (1) Every licensee of a retirement home shall ensure that there is a written procedure for a person to complain to the licensee about the operation of the home and for the way in which the licensee is required to deal with complaints.</p>
<p>Inspection Finding</p> <p>At the time of the inspection the Licensee did not have a documented procedure for complaints.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by July 18, 2021. RHRA to confirm compliance by inspection.</p>
<p>2. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <p>(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;</p>

- (b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;
- (c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;
- (d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.

Inspection Finding

At the time of the inspection, the Licensee was unable to demonstrate implementation of any behaviour management strategies for a resident displaying behaviours.

Outcome

The Licensee submitted a plan to achieve compliance by July 25, 2021. RHRA to confirm compliance by inspection.

- 3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Plan of care.**
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.
The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.
The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.

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

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.

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,

(i) the details of the services,

(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;

(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. (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:

1. The resident or the resident's substitute decision-maker.

62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months.

44. (1) Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident's care needs and preferences is conducted.

44. (3) If a licensee or a staff member of a retirement home has reason to believe that a 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 the full assessment is,

- (a) conducted by a member of a College, as defined in the Regulated Health Professions Act, 1991;

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. (2) No later than 21 days after a resident commences residency in a retirement home, the licensee of the home shall develop a complete plan of care for the resident based on the full assessment of the resident's care needs and preferences conducted under section 44 that takes into account all of the matters that must be considered in a full assessment.

47. (4) Subject to subsections (5) and (6), a plan of care for a resident is complete if the plan,

- (b) sets out,

- (i) any information that is necessary to allow the licensee's staff to understand the resident's needs and preferences, including cultural, spiritual and religious preferences and customary routines,

- (iii) the names of the persons who participated in the development of the plan and whether the resident and his or her substitute decision-makers, if any, participated in the development of the plan;

- (a) satisfies the requirements in subsections 62 (4) of the Act;

Inspection Finding

At the time of the inspection, two recent residents did not have assessments or care plans completed by a regulated health professional, these residents also required dementia care and skin and wound care. In addition, resident records reviewed indicated that resident reassessments and plans of care had not been completed within the prescribed time periods. The Licensee failed to ensure the reviewed plans of care included the care services provided to the resident, goals, details and clear direction to staff for all the care services provided to the residents. There was insufficient evidence to support that residents or their substitute decision-makers had participated in the development of their plans of care, and that the plans of care were approved by them.

Outcome

The Licensee submitted a plan to achieve compliance by July 25, 2021. RHRA to confirm compliance by inspection.

4. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.

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

- 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

At the time of the inspection, written evidence was missing for drugs prescribed for the resident by an authorized regulated health professional.

Outcome

The Licensee submitted a plan to achieve compliance by July 25, 2021. RHRA to confirm compliance by inspection.

- 5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.**
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going training.
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.
The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.
The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.

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;
 - (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;
- 65. (4)** The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

3. Behaviour management.

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.

14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

27. (9) The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,

- (a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items;
- (b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

At the time of inspection training records were reviewed indicated that staff members had not received annual training in the areas listed.

Outcome

The Licensee submitted a plan to achieve compliance by July 18, 2021. RHRA to confirm compliance by inspection.

6. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.

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

24. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

24. (5) The licensee shall,

- (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,
 - (i) the loss of essential services,
 - (ii) situations involving a missing resident,
 - (iii) medical emergencies,
 - (iv) violent outbursts;
- (b) at least once every two years, conduct a planned evacuation of the retirement home;

<p>Inspection Finding</p> <p>At the time of the inspection, the Licensee was unable to provide up to date arrangements with community partners whom would be involved in responding to an emergency. In addition, emergency response plan records reviewed during the inspection, indicated the Licensee had not completed drills in the area listed.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by July 25, 2021. RHRA to confirm compliance by inspection.</p>
<p>7. The Licensee failed to comply with O. Reg. 166/11, s. 17; Cleanliness.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>17. (3)</u> The licensee shall document the routines and methods used to comply with subsections (1) and (2).</p>
<p>Inspection Finding</p> <p>The Licensee was unable to provide evidence of the home's documented cleaning routines.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by July 25, 2021. RHRA to confirm compliance by inspection.</p>
<p>8. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>27. (2)</u> The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.</p> <p><u>27. (3)</u> The licensee shall keep a written record of the consultation required under subsection (2) that shall include a record of when the consultation took place, what was discussed and any recommendations that the local medical officer of health or designate made.</p> <p><u>27. (5)</u> The licensee of a retirement home shall ensure that, (0.b) all reasonable steps are taken in the retirement home to follow, (i) any directive respecting coronavirus (COVID-19) issued to long-term care homes by the Chief Medical Officer of Health under section 77.7 of the Health Protection and Promotion Act,</p> <p><u>27. (7)</u> The licensee of a retirement home shall ensure that waterless, alcohol-based hand sanitizer or another form of hand sanitation that provides equivalent protection against infectious disease</p>

transmission is available for use by residents and staff in communal resident areas and in staff work areas.

Inspection Finding

The Licensee was unable to provide evidence of an annual consultation with Public Health as required. In addition, the Licensee failed to follow the recommendations, guidance and advice by the Chief Medical Officer of Health regarding COVID-19 as staff were not wearing eye protection within two meters of residents, were not wearing medical masks and hand sanitizers were not readily available throughout the common areas of the home.

Outcome

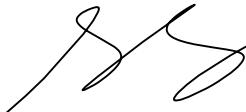
The Licensee submitted a plan to achieve compliance by August 3, 2021. RHRA to confirm compliance by inspection.

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 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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