

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

Inspection Information	
<b>Date of Inspection:</b> June 1, 2022	<b>Name of Inspector:</b> Tania Buko
<b>Inspection Type:</b> Routine 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 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 the RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance.</b></p> <p><b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Contents.</b></p> <p><b>The Licensee failed to comply with O. Reg. 166/11, s. 15; Policy of zero tolerance of abuse and neglect.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>67. (4)</b> 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.</p> <p><b>67. (5)</b> At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,</p> <p>(a) clearly set out what constitutes abuse and neglect;</p> <p><b>15. (1)</b> 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,</p> <p>(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;</p> <p>(b) situations that may lead to abuse and neglect and how to avoid such situations.</p> <p><b>15. (3)</b> The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,</p>

- (d) provide that the licensee of the retirement home shall ensure that the resident’s substitute decision-makers, if any, and any other person specified by the resident,
  - (i) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a resident’s health or well-being,
  - (ii) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident;
- (g) provide that the licensee of the retirement home shall ensure that,
  - (i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,
  - (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
  - (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
  - (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented,
  - (v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.
- (e) provide that the licensee of the retirement home shall ensure that the resident and the resident’s substitute decision-makers, if any, are notified of the results of an investigation described in clause 67 (5) (e) of the Act immediately upon the completion of the investigation.

**Inspection Finding**

The Inspector reviewed the home's investigations regarding three recent reported incidents of resident to resident physical abuse and the home's zero tolerance of abuse and neglect policy. The Inspector found that the Licensee had failed to fully comply with the home's zero tolerance of abuse and neglect policy and the required legislation as there was insufficient documentary evidence to support the home fully completed investigations of all the incidents, that the police and all the involved resident's substitute decision-makers were notified of the incidents, and that the resident's and/or their substitute decision-makers were notified of the results of the home's investigations at all or immediately upon the completion of the investigations. Further, the Licensee failed to ensure the home's zero tolerance of abuse and neglect policy was aligned with the legislation in the several noted areas.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 1, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

- 2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Requirements for procedure. 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):

**73. (2)** The procedure shall comply with the regulations.

**59. (1)** Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

4. A response shall be made to the person who made the complaint, indicating,
  - i. what the licensee has done to resolve the complaint,
  - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.
2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.
3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.

**59. (2)** The licensee shall ensure that a written record is kept in the retirement home that includes,

- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (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 Inspector reviewed the Licensee’s complaints log and policy and found that recent documented complaints to the home were not compliant and that the Licensee did not fully comply with the home’s complaints policy in the management of the complaints. Specifically, there was insufficient evidence that all the complaints were resolved if possible within 10 business days and for those complaints that could not, that an acknowledgment of receipt of the complaint be provided, the types of actions taken to resolve the complaints, including dates and times and time frames for those actions, dates which responses were provided to the complainant to indicate what the home has done to resolve the complaint, whether the complaint was unfounded and the reasons for the belief, and descriptions of the responses. In addition, the Licensee’s complaints policy was not aligned with the legislation as the policy does not indicate all complaints are to be investigated, and that complaints involving harm or risk of harm are to be investigated immediately, The Inspector confirmed the Licensee failed to comply with their complaints policy and failed to ensure it was aligned with the legislation as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 1, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

**3. 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;
- (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.

**Inspection Finding**

The Inspector reviewed the Licensee's behaviour management policy and chart files for a resident whose behaviour poses a risk of harm to the residents in the home. The Inspector found the Licensee's policy was not complied with as not all triggers, strategies, interventions and monitoring were documented in the resident's plan of care, Further, the Licensee failed to fully implement the home's behaviour management policy as there was a lack of documented evidence to support that hourly monitoring of a resident with behaviours that pose a risk was always completed as set out by the home.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 1, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

- 4. 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; Assessment of resident.**
- 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. (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. (6)** The licensee shall ensure that the plan of care is based on an assessment of the resident and the needs and preferences of the resident.

**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.

**Inspection Finding**

The Inspector reviewed a sample of resident care files and found that full assessments were not completed and plans of care were not developed for two residents, that a resident's needs related to their risk of falls was not documented in their plan of care, a resident was not reassessed and their plan of care was not reviewed and revised every six months, and there was a lack of evidence to support that a resident approved their plan of care. The Inspector confirmed the Licensee failed to ensure compliance in relation to resident plans of care in the noted areas.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 1, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

- 5. 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. 29; Administration of drugs or other substances.**

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

**14. (5)** The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

**29.** 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 ensure that,

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

(i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,

(ii) the safe disposal of syringes and other sharps,

(iii) recognizing an adverse drug reaction and taking appropriate action;

(c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug.

**Inspection Finding**

As part of the inspection, the Inspector reviewed training records for those staff who administer medications to residents. The Inspector found that several of the staff had not completed training in the required areas of medication administer at all or on an annual basis. The Inspector confirmed that the Licensee failed to ensure all staff who administered medications to the residents in the home have completed the required training.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 1, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

- 6. 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.  
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;
- (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.

**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**

The Inspector reviewed a sample of staff training records and found that four staff members had not been trained on all the required Licensee’s policies upon hire. The Licensee failed to ensure that staff were trained as required.

**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. 27; Infection prevention and control program.**

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

**27. (5)** 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.

**Inspection Finding**

During the inspection the Inspector reviewed resident screening logs, enhanced cleaning logs and made observations. The Inspector found the home was unable to demonstrate that resident temperature and symptom checks and enhanced cleaning of high touch areas were completed once daily. In addition, several unmasked staff members and staff not correctly or appropriately wearing their masks were observed in the home. The Licensee was unable to demonstrate that all guidance and direction respecting COVID-19 given by the Chief Medical Officer of Health was followed as there was insufficient evidence to support resident screening and enhanced cleaning was completed on a daily basis and that staff were adhering to universal masking in the home as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 1, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

**8. 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,  
(b) at least once every two years, conduct a planned evacuation of the retirement home.

**Inspection Finding**

The Inspector reviewed the Licensee’s emergency plan and found that a full evacuation of the home had not been completed since 2019 and that the Licensee did not have arrangements in place with community partners involved in responding to emergencies at the home. The Inspector confirmed that the Licensee failed to ensure that a full evacuation of the home was done every two years as required and that arrangements were in place with community partners.

**Outcome**

The Licensee submitted a plan to achieve compliance by July 29, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

**9. The Licensee failed to comply with O. Reg. 166/11, s. 40; Provision of a meal.**

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

**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,

(g) the resident is informed of his or her daily and weekly menu options.

**Inspection Finding**

As part of the inspection, daily and weekly menus are to be reviewed; however, the Inspector found that while the home provided three meals a day with choices and alternatives at each meal, the daily and weekly menus were not posted in the home as required. The Inspector confirmed the Licensee failed to ensure that residents are informed of their daily and weekly menu options.

**Outcome**

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

**10. The Licensee failed to comply with O. Reg. 166/11, s. 11; Posted information.**

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

**11. (1)** For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:

- 6. A copy of the most recent final inspection report prepared by an inspector under section 77 of the Act, subject to section 114 of the Act.

**Inspection Finding**

While conducting this inspection, the Inspector followed up on areas of previous non-compliance regarding posted information in the home. The Inspector confirmed the Licensee failed to ensure a copy of the home's most recent final report was posted in the home as required.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. 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  <i>Tania Buko</i>	Date  July 6, 2022
---	--------------------------