

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

Inspection Information	
<b>Date of Inspection:</b> May 27, 2022	<b>Name of Inspector:</b> Douglas Crust
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> HCN-Revera Lessee (King Gardens) LP / 5015 Spectrum Way, Mississauga, ON L4W 0E4 (the "Licensee")	
<b>Retirement Home:</b> King Gardens / 85 King Street , Mississauga, ON L5A 4G6 (the "home")	
<b>Licence Number:</b> T0422	

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 O. Reg. 166/11, s. 59; Procedure for complaints to licensee.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>59. (1)</b> 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:</p> <ol style="list-style-type: none"> <li>4. A response shall be made to the person who made the complaint, indicating,           <ol style="list-style-type: none"> <li>i. what the licensee has done to resolve the complaint,</li> <li>ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.</li> </ol> </li> <li>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.</li> <li>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.</li> </ol> <p><b>59. (2)</b> The licensee shall ensure that a written record is kept in the retirement home that includes,</p> <ol style="list-style-type: none"> <li>(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;</li> <li>(d) the final resolution, if any, of the complaint;</li> <li>(e) every date on which any response was provided to the complainant and a description of the response;</li> </ol>

(f) any response made in turn by the complainant.

**Inspection Finding**

The inspector reviewed the Licensee’s complaints log and noted that there was no evidence that the Licensee had responded to two complaints received in the previous six months, as set out in the Licensee's complaint procedure. Further, the two complaints did not have compliant written records. Specifically, the records of the complaints did not include the dates which responses were provided to the complainant and descriptions of the responses, as well as any responses made in turn by the complainant. The Licensee failed to ensure that their written record of a complaint included all the required elements.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 5, 2022. RHRA to confirm compliance by inspection.

**2. 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 O. Reg. 166/11, s. 23; Behaviour management.**

**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. (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.
2. The prescribed person if there is a person prescribed for the purpose of this paragraph.

**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;

**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.

**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.

**Inspection Finding**

The inspector reviewed a sample of incident reports and resident charts. The plan of care for a resident included a behaviour management strategy which directed staff to provide assistance with behaviour through various interventions and redirection but did not specify details concerning the various interventions to be employed. The Licensee failed to develop and implement techniques and strategies to prevent and address the resident's behaviours. The full assessment for one resident was not completed within the prescribed timeframe. There was no evidence of an interdisciplinary care conference for a third resident who had a diagnosis of dementia. The plan of care for a fourth resident was not approved by the resident or their substitute decision maker as well as a prescribed person on behalf of the Home.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 5, 2022. RHRA to confirm compliance by inspection.

**3. 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.

**Inspection Finding**

The inspector reviewed the Licensee's emergency plan records and found no current agreements with community partners, partner facilities and resources for transportation of residents in an emergency.

**Outcome**


The Licensee submitted a plan to achieve compliance by July 25, 2022. 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>.

<p>Signature of Inspector</p> 	<p>Date</p> <p>July 26, 2022</p>
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