

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

Inspection Information	
Date of Inspection: January 4, 2023	Name of Inspector: Angela Butler
Inspection Type: Routine Inspection	
Licensee: Village Care Holdings Inc. & Manorcare Holdings Inc. / 518 Queens Avenue, London, ON N6B 1Y7 (the "Licensee")	
Retirement Home: Queens Village for Seniors / 518 Queens Avenue, London, ON N6B 1Y7 (the "home")	
Licence Number: 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>1. 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> <ul style="list-style-type: none"> (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;
<p>Inspection Finding</p> <p>The Inspector interviewed staff and reviewed the Licensee's behaviour management policy and chart files for a resident whose behaviours posed a risk of harm to others in the home. The Inspector found the Licensee failed to fully follow their behaviour management policy as they had not identified and implemented strategies, techniques, and interventions to prevent and address the resident's behaviour, nor had they implemented strategies for monitoring the resident. The home was not able to demonstrate they had implemented all aspects of their behaviours management policy in relation to this resident.</p>
<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance.</p>

2. 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):

- 59. (2)** The licensee shall ensure that a written record is kept in the retirement home that includes,
- (a) the nature of each verbal or written complaint;
 - (b) the date that the complaint was received;
 - (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 noted that a recent complaint the Inspector viewed as a poster of a missing jacket on a bulletin board by a family member, was not included in the home's complaint log. The home was unable to produce a written record of the complaint which included the dates which responses were provided to the complainant (the family) and descriptions of the responses, as well as the 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 must take corrective action to achieve compliance.

**3. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs.
The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.**

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

43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

43. (2) The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

- 2. Presence of infectious diseases.
- 4. Known allergies.
- 6. Cognitive ability.
- 7. Risk of harm to self and to others.

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. (2) The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

4. Behavioural issues.

Inspection Finding

As part of the inspection, a sample of residents' initial and full assessments were reviewed. For two of the residents' the initial assessment didn't include information regarding the presence of infectious disease, known allergies, cognitive ability, or risk of harm to the resident or others. The full assessments did not include information on behavioural issues. In addition, the initial and full assessments were not dated to show they were completed within the required time frames.

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. 62; Contents of plan.
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.
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. (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;

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 and at any other time if, in the opinion of the licensee or the resident,

- (b) the resident's care needs change or the care services set out in the plan are no longer necessary;

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. (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

As part of the inspection, the inspector reviewed samples of resident plans of care and found firstly, that three residents’ care needs had changed regarding mobility, continence, diet, and hygiene; and the needs and preferences in these areas were not updated in their plans of care. Secondly, there was a lack of evidence to show there were details, goals, and clear directions to staff who provide care to the residents included in their plans of care. Thirdly, the Licensee failed to ensure that a resident had their plan of care approved by a resident or substitute decision-maker; and that a registered health professional had approved the plan of care. Lastly, the Licensee failed to ensure that an interdisciplinary care conference was held as part of the development of the plan of care for four residents whose care needs include dementia care. The home failed to ensure that all residents’ plans of care included the required elements and were updated as the resident’s care needs changed; and that they held care interdisciplinary care conferences for those residents whose needs included dementia care.

Outcome

The Licensee must take corrective action to achieve compliance.

- 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;
- (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;
- (h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);

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.

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).

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 training records in the areas of Zero tolerance of abuse, Bill of Rights, Infection control, Whistle Blower protection, PASDs, Fire prevention and safety, Complaints, and Behaviour management. The inspector reviewed records for staff hired in 2022 to determine compliance with orientation training, but also a sample of training records for those hired prior to 2022 to determine compliance with annual training in these areas. The inspector found that the orientation training for 1 staff was not completed prior to the staff member working in the home. For the annual training files reviewed, three staff had not completed training in 2022 in the reviewed training areas. The home was not able to demonstrate that orientation and annual training was being completed in alignment with the regulations.

Outcome

The Licensee must take corrective action to achieve compliance.

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. (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,

(ii) situations involving a missing resident,

(iv) violent outbursts;

(c) keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan.

Inspection Finding

The inspector reviewed the Licensee’s records of testing for their emergency plans and found that the testing for situations involving a missing resident and violent outbursts had not been completed within the last 12 months. Emergency testing for loss of essential services and complete evacuation lacked the details necessary to demonstrate they had completed the testing in those areas and identified any changes that needed to be made to improve the emergency plan. The Licensee failed to ensure that testing was completed as required.

Outcome

The Licensee must take corrective action to achieve compliance.

7. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.

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

22. (4) Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

Inspection Finding

The inspector reviewed fall incident reports for residents who had fallen but there was no documentation to evaluate the risk of falls in the home at least annually. The licensee failed to keep a written record of falls.

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 <i>Angela Swisher</i> RN	Date January 31, 2023
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