

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

Inspection Information	
Date of Inspection: March 10, 2023	Name of Inspector: Angela Butler
Inspection Type: Compliance 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 compliance inspections as set out in section 77(1) 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. 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. 43; Initial assessment of care needs. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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,</p> <p style="padding-left: 40px;">(b) the planned care services for the resident that the licensee will provide, including,</p> <p style="padding-left: 80px;">(i) the details of the services,</p> <p style="padding-left: 80px;">(ii) the goals that the services are intended to achieve,</p> <p style="padding-left: 80px;">(iii) clear directions to the licensee’s staff who provide direct care to the resident;</p> <p>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.</p> <p>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:</p> <p style="padding-left: 40px;">1. The resident or the resident’s substitute decision-maker.</p>

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;

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.

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

The Inspector reviewed a sample of resident care files and found several areas of non-compliance. The initial assessment used by the Licensee does not consider the presence of infectious diseases, known allergies, cognitive ability, and if a resident is a risk of harm to themselves or others. There was a lack of evidence that an initial and full assessment was also completed for the new resident. There were no goals, interventions, or details for the staff who provide care to the resident in the resident's plan of care. Furthermore, the plans of care were not updated as care needs changed nor were they approved by the resident or the SDM. Lastly, the Licensee is not conducting interdisciplinary care conferences for residents with dementia or skin and wound concerns. The Inspector confirmed the Licensee failed to ensure compliance in relation to resident plans of care and assessments in the noted areas.

Outcome

The Licensee submitted a plan to achieve compliance by April 20, 2023. 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. 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.

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

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. (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).

Inspection Finding

The Inspector reviewed a sample of staff training records and found that one of the staff members had not completed annual training. The Licensee failed to ensure that staff were trained as required.

Outcome

The Licensee must take corrective action to achieve compliance.

- 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 files for residents 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.

Outcome

The Licensee submitted a plan to achieve compliance by April 20, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

4. 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,

(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 emergency testing for loss of essential services, violent outburst, 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 also failed to complete the emergency plan test for violent outbursts fully. The Licensee failed to ensure that testing was completed as required.

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 Sutter</i> RN	Date April 5, 2023
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