

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

Inspection Information	
<b>Date of Inspection:</b> February 7, 2013	<b>Name of Inspector:</b> Heather Buchanan
<b>Inspection Type:</b> Mandatory Reporting Inspection	
<b>Licensee:</b> Gibson Holdings (Ontario) Ltd. / 343 Amherst Drive, Amherstview, ON K7N 1X3 (the "Licensee")	
<b>Retirement Home:</b> Helen Henderson Care Centre / 343 Amherst Drive, Amherstview, ON K7N 1X3 (the "home")	
<b>Licence Number:</b> N0198	

Purpose of Inspection
The RHRA received a report under section 75(1) 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. 51; Residents' Bill of Rights.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p><b>s. 51 (1)</b> Every resident of a retirement home has the following rights which constitute the Residents' Bill of Rights:</p> <p>8. The right to live in a safe and clean environment where he or she is treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.</p> <p><b>s. 51 (2)</b> Every licensee of a retirement home shall ensure that the rights set out in the Residents' Bill of Rights are fully respected and promoted in the home in accordance with the regulations, if any.</p>
<p><b>Inspection Finding</b></p> <p>The Inspector found that the Licensee failed to afford the residents of the home their right to live in a safe and clean environment, in accordance with the Residents' Bill of Rights. Examples of this failure include:</p> <ul style="list-style-type: none"> <li>• The home caused a resident to wear incontinence products when the resident did not require such products.</li> <li>• The home did not issue a room key to a resident, despite repeated requests for a key.</li> <li>• The home has a strong urine smell that was confirmed by the Inspector on site, and in subsequent communications with individuals at the home.</li> </ul>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 59(1); Procedure for complaints to licensee.</b></p>

Specifically, the Licensee failed to comply with the following subsection:

**s. 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:

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
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.
4. A response shall be made to the person who made the complaint, indicating,
  - i. what the licensee has done to resolve the complaint, or
  - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

**Inspection Finding**

The home failed to properly deal with concerns regarding the care of a resident, as per the prescribed regulations.

**3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67(4); Policy to promote zero tolerance.**

Specifically, the Licensee failed to comply with the following subsection:

**s. 67 (4)** 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.

**Inspection Finding**

The home's written policy to promote zero tolerance of abuse and neglect of residents does not fully meet the standards and requirements of the *RHA* and prescribed regulations.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 36(1); Contenance care.**

Specifically, the Licensee failed to comply with the following subsection:

**s. 36 (1)** If one of the care services that the licensee or the staff of a retirement home provided to a resident of the home is continence care, the licensee shall establish a continence care program that includes,

- (a) measures to promote continence;
- (b) measures to prevent constipation, including nutrition and hydration protocols;

(c) toileting programs; and  
(d) strategies that maximize the resident's independence, comfort and dignity, including the use of equipment, supplies, devices and assistive aids.

**Inspection Finding**

The home provides continence care as one of its care services but does not have a continence care program in effect that includes the prescribed measures and strategies.

**Outcome**


Compliance Order issued June 11, 2013.

**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 Public Register, available online at <http://rhra.ca/en/register/>.

Signature of Inspector 	Date June 11, 2013
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