

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

Inspection Information	
Date of Inspection: January 3, 2013	Name of Inspector: Susan Lines
Inspection Type: Mandatory Reporting Inspection	
Licensee: Chartwell Master Care Corporation / 100 Milverton Drive, Suite 700, Mississauga, ON L5R 4H1 (the "Licensee")	
Retirement Home: Chartwell Collegiate Heights Retirement Residence / 95 Fauquier Avenue, Sault Ste. Marie, ON P6B 2B2 (the "home")	
Licence Number: N0074	

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>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67(4); Policy to promote zero tolerance.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p align="center">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.</p>
<p>Inspection Finding</p> <p>The Licensee failed to ensure that the home's zero tolerance of abuse and neglect policy was complied with. There was no evidence that:</p> <ul style="list-style-type: none"> • The staff who witnessed the incident had reported the allegation immediately; • The home's Checklist for reporting/investigating alleged abuse had been completed; • Registered staff had documented all events related to the alleged neglect in the resident's chart and completed a Resident Incident Report; • Written signed and dated statements from the staff, resident and alleged abuser involved were immediately obtained; • Conclusions were identified or documented; • The resident was offered an appointment to be debriefed after the investigation.
<p>Outcome</p> <p>Corrective action taken.</p>

2. The Licensee failed to comply with the O. Reg. 166/11, s. 59; Procedure for complaints to licensee.

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.
- (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; and
 - (f) any response made in turn by the complainant.
- (3) The licensee shall ensure that,
- (a) the written record is reviewed and analyzed for trends at least quarterly;
 - (b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home; and
 - (c) a written record is kept of each review and of the improvements made in response.
- (4) Subsections (2) and (3) do not apply with respect to verbal complaints that the licensee is able to resolve within 24 hours of the complaint being received.
- (5) If a complaint is made before the day this section comes into force, but not finally dealt with by that day, the complaint shall be dealt with as provided for in this section to the extent possible.

Inspection Finding

The Licensee failed to respond to every written complaint as outlined in the home's policy and the legislation. The Licensee did not provide evidence of having responded to the persons who made the complaint to indicate what the Licensee had done to resolve the complaint or that the Licensee believed the complaint to be unfounded and the reasons for the belief.

The Licensee received three written complaints from three employees raising concerns that the General Manager had directed staff not to provide any assistance to a resident who had returned from hospital on

May 27, 2013. The home’s written record of the complaints did not include:

- Dates when two out of three complaints were received;
- A clear indication of the type of action taken to resolve the complaints, including the date of the action, and time frames for action to be taken;
- A clear record of the final resolution, if any of the complaint;
- Dates when any response was provided to the complainants, a description of the response and any responses made by the complainants;
- Evidence of a written response being provided to any of the complainants within 10 business days or information about the timeliness in which an answer might be provided.

Outcome

Corrective action taken.

3. The Licensee failed to comply with O. Reg. 166/11, s. 14(1); Staff training.

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

s. 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.

Inspection Finding

The Licensee did not provide evidence that all staff members who work in the home had received training in the home’s procedure for complaints to licensee. The General Manager confirmed that she did not have evidence of all the staff being trained in the complaints procedure.

Outcome

Corrective action taken.

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 February 20, 2014
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