

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

| Inspection Information | |
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| Date of Inspection: January 13, 2014 | Name of Inspector: Debbie Rydall |
| Inspection Type: Follow-up Inspection | |
| Licensee: Tomclo Properties Ltd. / 860 The Greenway, Mississauga, ON L5G 1P6 (the "Licensee") | |
| Retirement Home: Greenway Lodge Retirement Home / 860 The Greenway, Mississauga, ON L5G 1P6 (the "home") | |
| Licence Number: T0190 | |

| Purpose of Inspection |
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| The RHRA received a report under section 75(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA"). |

| NON-COMPLIANCE |
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| <p>1. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p>s. 29. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,</p> <ul style="list-style-type: none"> (a) no drug is administered by the licensee or the staff to the resident in the home unless the drug has been prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the <i>Regulated Health Professions Act, 1991</i>; (b) no drug is administered by the licensee or the staff to the resident in the home except in accordance with the directions for use specified by the person who prescribed the drug for the resident; (c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug; (d) a member of a College, as defined in the <i>Regulated Health Professions Act, 1991</i>, supervises the administration of the drug or other substance to the resident in the home; (e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in, <ul style="list-style-type: none"> (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene, (ii) the safe disposal of syringes and other sharps, and (iii) recognizing an adverse drug reaction and taking appropriate action. |
| <p>Inspection Finding</p> <p>A staff member on duty at the time of the inspection stated that she had received training in medication</p> |

administration by her supervisor, who is a PSW. She stated that her supervisor was trained by the pharmacist. The staff member was the only individual on duty at the time of the inspection and she stated that she would be administering the noon medications. The administrator of the home stated during a phone conversation at the time of the inspection, that the pharmacy oversees the home's medication management system.

2. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.

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

- s. 30.** If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,
- (a) the drugs or other substances are stored in an area or a medication cart that,
 - (i) is used exclusively for drugs or other substances and for supplies related to drugs or other substances,
 - (ii) is locked and secure,
 - (iii) protects the drugs or other substances from heat, light, humidity or other environmental conditions that may affect their efficacy, and
 - (iv) complies with the manufacturer's instructions for the storage of the drugs or other substances.

Inspection Finding

Medication was stored in an unlocked cupboard in the basement kitchen. Insulin pens and a box of Risperdone were observed in the door of the bar size fridge in the same room. Produce was stored in both the door and the interior of the same fridge.

3. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.

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

- s. 31. (1)** If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall establish a medication management system, which includes written policies and procedures, to ensure that all drugs and other substances to be administered to residents of the home are acquired, received in the home, stored, dispensed, administered, destroyed and disposed of correctly as required by law and in accordance with prevailing practices.
- (2) As part of the medication management system, the licensee shall make a current reference text about pharmaceuticals available to all staff who are involved in the administration of a drug or other substance to a resident.

Inspection Finding

ORCA generic policies were in place; however the policies had not been developed by the home to be specific to the home's procedures relating to medication administration. No policies had been provided by the pharmacy. No CPS or drug reference book was available. The staff member on duty stated that the information can be looked up on the computer; however she stated that she does not have a key to access the locked room.

4. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.

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

- s. 32.** If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,
- (a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered;
 - (b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the *Regulated Health Professions Act, 1991*; and
 - (c) the administration of drugs and other substances in the home is evaluated at least annually and the licensee keeps a written record of each evaluation.

Inspection Finding

The staff member stated that a resident receives insulin daily, however on review of the MAR sheet, there was no order for insulin and no evidence that staff were signing for the administration of the medication. There was no evidence to support that Physician's orders were maintained in the home.

5. The Licensee failed to comply with O. Reg. 166/11, s. 24, 26; Emergency plans.

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

- s. 24. (1)** The emergency plan required under paragraph 1 of subsection 60 (4) of the Act shall meet the requirements set out in this section.
- (2) The licensee of a retirement home shall ensure that the emergency plan for the home is in writing.
 - (3) If there is a conflict or an inconsistency between a provision of the fire code under the *Fire Protection and Prevention Act, 1997* and a provision of the emergency plan, the fire code prevails to the extent of the conflict or inconsistency.
 - (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.
 - (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,
 - (i) the loss of essential services,
 - (ii) situations involving a missing resident,
 - (iii) medical emergencies, and
 - (iv) violent outbursts;
 - (b) at least once every two years, conduct a planned evacuation of the retirement home; and
 - (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.

- s. 26.** The emergency plan for a retirement home that has 10 or fewer residents shall, in addition to the

requirements in section 24, meet the following requirements:

1. The plan shall be developed in consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
2. The plan shall identify and address hazards and risks that may give rise to an emergency affecting the home.
3. The plan shall include steps in the evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.
4. The plan shall require that resources, supplies and equipment vital for the emergency response are set aside, readily available at the home and tested regularly to ensure that they are in working order.
5. The plan shall identify the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
6. The licensee shall ensure that the plan is updated at least annually and that the updating includes contact information for the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.

Inspection Finding

The staff member on duty was not sure of the location of either the emergency plan or the fire plan. Inspector was unable to verify/review either document. During an onsite follow up visit on January 21, 2014, the home's administrator confirmed that there is no emergency plan in place and no approved fire plan in place.

6. 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. 27. (1)** Every licensee of a retirement home shall ensure that the infection prevention and control program required by paragraph 2 of subsection 60 (4) of the Act complies with the requirements in this section.
- (2) The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.
 - (3) The licensee shall keep a written record of the consultation required under subsection (2) that shall include a record of when the consultation took place, what was discussed and any recommendations that the local medical officer of health or designate made.
 - (4) The licensee of a retirement home shall ensure that a written surveillance protocol is established in consultation with the local medical officer of health or designate in order to identify, document and monitor residents who report symptoms of respiratory or gastrointestinal illness.
 - (5) The licensee of a retirement home shall ensure that,
 - (a) if an infectious disease outbreak occurs in the home, the outbreak is reported to the local medical officer of health or designate and the licensee defers to the officer or designate, as the case may be, for assistance and consultation as appropriate;
 - (b) if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted; and
 - (c) processes for meeting the requirements in clauses (a) and (b) are established and the processes

are recorded in writing.

(6) The licensee of a retirement home shall ensure that each resident and the resident's substitute decision-makers, if any, are given information about how to reduce the incidence of infectious disease, including the need for and method of maintaining proper hand hygiene and the need for and process of reporting infectious illness.

(8) The licensee of a retirement home shall ensure that,

(a) each resident, each member of the staff of the home and each volunteer receive information about the advantages of an annual influenza vaccination and where the vaccination is available;

(b) each resident is screened for tuberculosis within 14 days of commencing residency in the home, unless the resident has been screened not more than 90 days before commencing residency and the documented results of the screening are available to the licensee;

(c) each member of the staff has been screened for tuberculosis and all other infectious diseases that are appropriate in accordance with evidence-based practices or, if there are no such practices, in accordance with prevailing practices; and

(d) the screening for each of the infectious diseases described in clause (c) has been done using procedures that accord with evidence-based practices or, if there are no such practices, with prevailing practices.

(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; and

(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

The administrator of the home confirmed that there is no infection prevention and control program in place.

7. The Licensee failed to comply with the RHA, S.O. 2010, c.11, s. 54; Information for residents.

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

s. 54. (1) Every licensee of a retirement home shall ensure that,

(a) a package of information that complies with this section is given to every resident of the home and to the substitute decision-maker of the resident, if any, before the resident commences his or her residency;

(b) the package of information is made available to family members of a resident of the home and persons of importance to the resident if the resident or the resident's substitute decision-maker so consents;

(c) the package of information is accurate and revised as necessary; and

(d) any material revisions to the package of information are provided to any person who has received the original package and who is still a resident of the home or substitute decision-maker of a resident of the home.

Inspection Finding

The information that the home currently provides (CHIP) to the resident does not meet the legislative

requirements.

8. The Licensee failed to comply with the RHA, S.O. 2010, c.11, s. 65; Obligations of licensees re staff.

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

s.65. (1) Every licensee of a retirement home shall ensure that all the staff who work in the home,

(a) have the proper skills and qualifications to perform their duties; and

(b) possess the prescribed qualifications.

(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;

(e) injury prevention;

(f) fire prevention and safety;

(g) the licensee's emergency evacuation plan for the home mentioned in subsection 60 (3);

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

(i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties; and

(j) all other prescribed matters.

(3) Subsection (2) does not apply to a member of the staff employed or retained in the case of emergencies or exceptional and unforeseen circumstances but, in that case, the licensee shall provide the training described in that subsection to the person within one week of the time when the person begins performing their duties.

(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.

(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:

1. Abuse recognition and prevention.

2. Mental health issues, including caring for persons with dementia.

3. Behaviour management.

4. Ways to minimize the need of residents for personal assistance services devices and if a resident needs such a device, the ways of using it in accordance with its manufacturer's operating instructions, this Act and the regulations.

5. All other prescribed matters.

Inspection Finding

A staff member stated that she had been employed at the home for the past 2-3 weeks and that her training had consisted of bed making, fire procedures, clients and receiving visitors. There was no evidence

provided to support that she had received the required training. Training logs were not available for review.

9. The Licensee failed to comply with O. Reg. 166/11, s. 20(4); Food preparation.

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

s. 20. (4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

Inspection Finding

During a phone conversation at the time of the inspection, the administrator of the home stated that only 1 of the 2 staff employed has a certificate in food handling. The staff member on duty stated that she did not have a food handling certificate. Inspector observed this individual preparing the noon meal that included soup and sandwiches. She was the only staff member on site at the time of the inspection.

10. 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 administrator of the home confirmed that the current policy is the ORCA template and is not specific to the home.

Outcome

Compliance Order issued March 10, 2014.

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/>.

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| Signature of Inspector  | Date March 18, 2014 |
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