

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

Inspection Information	
<b>Date of Inspection:</b> March 13, 2014	<b>Name of Inspector:</b> Julie Hebert
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 1752216 Ontario Inc. / 352 Seacliff Drive W., Leamington, ON N8H 4E1 (the "Licensee")	
<b>Retirement Home:</b> New Beginnings Rest Home / 106 Talbot St W., Leamington, ON N8H 1M9 (the "home")	
<b>Licence Number:</b> S0099	

Purpose of Inspection
The RHRA conducts routine inspections as set out in section 77(3) of the Retirement Homes Act, 2010 (the "RHA").

NON-COMPLIANCE
<p><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Information for residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsections:</p> <p><b>s. 54. (1)</b> Every licensee of a retirement home shall ensure that,</p> <ul style="list-style-type: none"> <li>(c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</li> <li>(d) the licensee's procedure for complaints mentioned in subsection 73 (1);</li> <li>(s) information as to whether the retirement home has automatic sprinklers in each resident's room.</li> </ul>
<p><b>Inspection Finding</b></p> <p>The information package provided to residents does not include the home's abuse and neglect policy, the home's complaint procedure or information about sprinklers.</p>
<p><b>Outcome</b></p> <p>Corrective action required.</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsections:</p> <p><b>s. 25. (3)</b> The licensee shall ensure that the emergency plan provides for the following:</p> <ul style="list-style-type: none"> <li>1. Dealing with,</li> </ul>

- ii. community disasters,
- iii. violent outbursts,
- iv. bomb threats,
- v. medical emergencies,
- vi. chemical spills,
- vii. situations involving a missing resident, and
- viii. loss of one or more essential services.

- (4) The licensee shall ensure that the emergency plan addresses the following components:
- 1. Plan activation.
  - 2. Lines of authority.
  - 3. Communications plan.
  - 4. Specific staff roles and responsibilities.

**Inspection Finding**

The current emergency plan does not cover situations other than a fire. There is no plan of activation, line of authority, communication plan or staff roles included in the emergency plan.

**Outcome**

Corrective action required.

**3. 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 subsections:

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

**Inspection Finding**

The home could not show evidence of any training on preventing cross contamination or reporting/documenting incidents.

**Outcome**

Corrective action required.

**4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Obligations of licensees re staff. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.**

- 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.

**s. 65. (2)** Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,  
(d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents.

**Inspection Finding**

The home was not able to show evidence of training in PASD’s, fire prevention or a complaints policy.

**Outcome**

Corrective action required.

**5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance. The Licensee failed to comply with O. Reg. 166/11, s. 15; Policy to promote zero tolerance of abuse and neglect.**

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

**s. 67. (5)** At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,  
(c) provide for a program for preventing abuse and neglect;  
(e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;  
(g) comply with the prescribed requirements, if any, respecting the matters described in clauses (a) to (f); and  
(h) deal with the additional matters, if any, that are prescribed.

**s. 15. (2)** The procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents described in clause 67 (5) (e) of the Act shall include details outlining who will undertake the investigation and who will be informed of the investigation.

(3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

(d) provide that the licensee of the retirement home shall ensure that the resident’s substitute decision-makers, if any, and any other person specified by the resident,

(i) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a resident’s health or well-being, and

(ii) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident;

(e) provide that the licensee of the retirement home shall ensure that the resident and the resident’s substitute decision-makers, if any, are notified of the results of an investigation described in clause 67(5)(e) of the Act immediately upon the completion of the investigation.

**Inspection Finding**

The home’s current policy does not include a program to prevent abuse or any procedure for investigating/ reporting abuse.

**Outcome**

Corrective action required.

**6. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.**

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

- 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; and
  - (d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.

**Inspection Finding**

The home does not currently have a behaviour management policy. It does monitor behaviours in the residents' progress notes and staff communication book but there is no written policy/protocols regarding this.

**Outcome**

Corrective action required.

**7. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 68; Policy re devices.**

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

- s. 68. (3)** Every licensee of a retirement home shall ensure that there is a written policy regarding the use of personal assistance services devices for residents of the home and that the policy complies with the prescribed requirements, if any.

**Inspection finding**

The home does not currently have a policy regarding the use PASD's.

**Outcome**

Corrective action required.

**8. The Licensee failed to comply with O. Reg. 166/11, s. 52; Personal assistance services devices.**

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

**s. 52. (1)** Every licensee of a retirement home shall ensure that the home's written policy under subsection 68 (3) of the Act deals with,  
(b) the prohibition on restraining a resident in any way under subsection 68 (1) of the Act except when restraining under the common law duty described in subsection 71 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others.

**Inspection Finding**

The home's restraint policy speaks to the *Long Term Care Act* and Regulations and not those of the RHA.

**Outcome**


Corrective action required.

**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 May 12, 2014
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