

FINAL INSPECTION REPORT

Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: April 9, 2014	Name of Inspector: Michael Hickey
Inspection Type: Routine Inspection	
Licensee: Kingsway Lodge (St. Mary's) Limited / 310 Queen Street, St. Mary's, ON N4X 1C8 (the "Licensee")	
Retirement Home: Kingsway Lodge / 310 Queen Street, St. Mary's, ON N4X 1C8 (the "home")	
Licence Number: S0020	

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
1. 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 subsections: s. 54. (2) The package of information shall include, at a minimum, (k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices; (l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers; (s) information as to whether the retirement home has automatic sprinklers in each resident's room; (t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home.
Inspection Finding Routine inspection of the retirement home revealed the information package presented to new residents was missing prescribed information as noted and required by section 52 of the RHA.
Outcome Corrective action taken.
2. The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records. Specifically, the Licensee failed to comply with the following subsections:

- s. 55. (2)** The record for each resident shall include,
- (b) if the resident was assessed for the purposes of developing the resident's plan of care, documentation of when the resident was assessed and by whom.

Inspection Finding

Routine inspection revealed that the Licensee did not keep records demonstrating an initial assessment of the care needs for new residents had been completed as prescribed by Ontario Regulation 166/11 section 43 (2).

Outcome

Corrective action taken.

**3. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.
The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.**

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

- 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.
- (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.
- s. 55. (5)** A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,
- (c) the skills, qualifications and training of the staff who work in the home;

Inspection Finding

Routine inspection revealed that the Licensee's training records did not demonstrate that the staff employed by the Licensee had received the required training as prescribed by the legislation. Training content delivered in a training session entitled "Respecting Life", did not contain the required content specific to:

1. Abuse and Neglect
2. Resident's Bill of Rights
3. PASDs – Personal Assistance Services Devices

Outcome

Corrective action taken.

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

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

- s. 67. (5)** At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,
- (d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;
 - (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.

Inspection Finding

Routine inspection revealed that the Licensee's policy to promote Zero Tolerance of Abuse Neglect was not in alignment with the requirements of the legislation.

Specifically the Abuse and Neglect policy presented to the residents and utilized for training the staff, did not contain:

1. Information about the Retirement Homes Regulatory Authority and the obligations of mandatory reporting to the Authority incidents prescribed under section 75 of the Act.
2. Information about the power imbalances and potential for abuse and neglect.
3. Compete procedures for the investigation and follow-up of incidents of abuse and neglect including notification of persons as required by the Act.

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 May 14, 2014
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