

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

Inspection Information	
Date of Inspection: March 19, 2014	Name of Inspector: Rachelle Harber
Inspection Type: Routine Inspection	
Licensee: 1122121 Ontario Ltd./1532 Pelham St. N., Fonthill, ON L0S 1E3 (the "Licensee")	
Retirement Home: Shorthills Villa Retirement Community/1532 Pelham St. N., Fonthill, ON L0S 1E3 (the "home")	
Licence Number: S0011	

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>1. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.</p> <p>Specifically, the Licensee failed to comply with the following subsections:</p> <p>s. 24. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.</p> <p>(5) The licensee shall,</p> <p>(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,</p> <p>(i) the loss of essential services,</p> <p>(ii) situations involving a missing resident,</p> <p>(iii) medical emergencies, and</p> <p>(iv) violent outbursts;</p> <p>(b) at least once every two years, conduct a planned evacuation of the retirement home; and</p> <p>(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.</p>
<p>Inspection Finding</p> <p>There is no evidence of current arrangements with community partners. There is no evidence of annual testing being done.</p>
<p>Outcome</p> <p>Corrective action taken.</p>

2. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.

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

- s. 25. (2)** The licensee shall ensure that the development of the emergency plan includes,
- (a) consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency;
 - (b) identification of hazards and risks that may give rise to an emergency affecting the home, whether the hazards and risks arise within the home or in the surrounding vicinity or community, and strategies to address those hazards and risks.
- (3) The licensee shall ensure that the emergency plan provides for the following:
- 3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure they are in working order.
 - (5) The licensee shall ensure that the emergency for the retirement home is evaluated and 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

There was no evidence that the home consulted with community agencies or identified risks or hazards that may give rise to an emergency. There was no evidence of resources, supplies and equipment being set aside and readily available. The emergency plan was not evaluated and updated at least annually.

Outcome

Corrective action taken.

3. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care and needs.

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

- s. 43. (2)** The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:
- 1. Continence.
 - 2. Presence of infectious diseases.
 - 3. Risk of falling.
 - 4. Known allergies.
 - 5. Dietary needs including known food restrictions.
 - 7. Risk of harm to self and to others.
 - 8. Risk of wandering.
 - 9. Needs related to drugs and other substances.

Inspection Finding

There was no initial assessment on file for a resident who was admitted on January 24, 2014. The initial assessment for two other residents the required content.

Outcome

Corrective action taken.

4. The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.

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

s. 44. (1) Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident’s care needs and preferences is conducted.

(2) The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

1. Physical and mental health.
2. Functional capacity.
3. Cognitive ability
4. Behavioral issues.
5. Need for care services.
6. Need for assistance with the activities of daily living.
7. The matters listed in subsection 43 (2).
8. Any other matter relevant to developing a plan of care for the resident.

Inspection Finding

There was no full assessment completed for three residents of the home.

Outcome

Corrective action taken.

5. 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.

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

s. 65. (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;
- (f) fire prevention and safety.

(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:

3. Behaviour management.

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

Not all staff has been trained in fire prevention and safety, Residents Bill of Rights, Zero tolerance of abuse and neglect, whistle blowing protection and PASD's. There was no evidence of any staff being trained in behavior management or procedure for a person to complain to the licensee.

Outcome

Corrective action required.

6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Protection against abuse and neglect

The Licensee failed to comply O. Reg. 166/11 s. 15; Policy of 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,

- (b) provide that abuse and neglect are not to be tolerated;
- (d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;
- (e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
- (f) set out consequences for those who abuse or neglect 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. (1) The program for preventing abuse and neglect described in clause 67 (5) (c) of the Act shall entail training and retraining requirements for all staff of the retirement home, including,

- (a) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power, and responsibility for resident care; and
- (b) situations that may lead to abuse and neglect and how to avoid such situations.

(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 of the Act shall,

- (a) contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (b) contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

- (c) identify measures and strategies to prevent abuse and neglect;
- (d) provide that the licensee of the retirement home shall ensure that the residents substitute decision-maker, 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 physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a residents 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 completion of the investigation;
- (g) provide that the licensee of the retirement home shall ensure that,
 - (i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,
 - (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
 - (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
 - (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented, and
 - (v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

Inspection Finding

The homes policy on zero tolerance of abuse and neglect does not align with the legislation.

Outcome

Corrective action required.

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

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

- s. 59. (2)** The licensee shall ensure that a written record is kept in the retirement home that includes,
- (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.

Inspection Finding

The homes complaint procedures did not contain the final resolution, if any, of the complaint as well as the date and description of response provided to the complainant.

<p>Outcome Corrective action taken.</p>
<p>8. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 23; Behaviour management.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p>s. 23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> (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.
<p>Inspection Finding The home did not develop a written behaviour management strategy.</p>
<p>Outcome Corrective action required.</p>
<p>9. The licensee failed to comply with O. Reg. 166/11 s. 55; Contents of records.</p> <p>Specifically, the home failed to comply with the following subsection:</p> <p>s. 55. (1) The licensee of a Retirement Home shall keep a record for each resident of the home that complies with the requirements of this section.</p>
<p>Inspection Finding A resident's record did not contain a medical history and the consents in her file were not signed.</p>
<p>Outcome Corrective action required.</p>
<p>10. The licensee failed to comply with O. Reg. 166/11 s. 57; Trust for resident's money.</p> <p>Specifically, the licensee failed to comply with the following subsection:</p> <p>s. 57. (2) For the purposes of section 72 of the Act, if money is entrusted to the care of a licensee of a retirement home on behalf of residents in the home, the licensee shall establish and maintain at least</p>

one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee's care on behalf of the residents.

Inspection Finding

The home kept a petty cash fund but did not establish and maintain a non-interest bearing trust account.

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 21, 2014
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