

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

Inspection Information	
<b>Date of Inspection:</b> April 8, 2014	<b>Name of Inspector:</b> Heather Buchanan
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Caessant Care Nursing and Retirement Homes Limited / 264 Norwich Avenue, Woodstock, ON N4S 3V9 (the "Licensee")	
<b>Retirement Home:</b> Caessant Care – Marmora / 58 Bursthall Street, Marmora, ON K0K 2M0 (the "home")	
<b>Licence Number:</b> N0025	

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 RHA, S.O. 2010, c. 11, s. 54; Information for residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p><b>s. 54. (2)</b> The package of information shall include, at a minimum,</p> <p>(c) the licensee’s policy mentioned in subsection 67(4) to promote zero tolerance of abuse and neglect of residents;</p> <p>(d) the licensee’s procedure for complaints mentioned in subsection 73(1).</p>
<p><b>Inspection Finding</b></p> <p>The information package provided to every resident or substitute decision-maker before the resident commences his or her residency includes the licensee’s policy to promote zero tolerance of abuse and neglect of residents and the licensee’s procedure for complaints; however, the policy and procedure included in the information package does not meet the legislated requirements.</p>
<p><b>Outcome</b></p> <p>Corrective action scheduled to be completed by July 2014.</p>
<p><b>2. The Licensee failed to comply with RHA, S.O. 2010, c. 11, s. 53; Agreement required.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p><b>s. 53. (1)</b> The licensee of a retirement home shall enter into a written agreement with every resident of the home before the resident commences residency in the home.</p>

<p><b>Inspection Finding</b></p> <p>The tenancy agreements in two of the three resident files that were checked during the inspection were not signed prior to the resident moving into the home.</p>
<p><b>Outcome</b></p> <p>Corrective action scheduled to be completed by July 2014.</p>
<p><b>3. The Licensee failed to comply with O. Reg. 166/11, s. 15; Policy of zero tolerance of abuse and neglect.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p><b>s. 15. (3)</b> The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,</p> <ul style="list-style-type: none"> <li>(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, <ul style="list-style-type: none"> <li>(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</li> <li>(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;</li> </ul> </li> <li>(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; and</li> <li>(g) provide that the licensee of the retirement home shall ensure that, <ul style="list-style-type: none"> <li>(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,</li> <li>(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,</li> <li>(iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),</li> <li>(iv) the changes and improvements mentioned in subclause (ii) are promptly implemented, and</li> <li>(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.</li> </ul> </li> </ul>
<p><b>Inspection Finding</b></p> <p>The policy to promote zero tolerance of abuse and neglect of residents provided to the Inspector did not contain all of the required elements of the legislation, as laid out above.</p>
<p><b>Outcome</b></p> <p>Corrective action scheduled to be completed by July 2014.</p>

**4. 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. (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.

**Inspection Finding**

The procedure for complaints to the licensee provided to the Inspector did not contain all of the required elements of the legislation, as laid out above.

**Outcome**

Corrective action scheduled to be completed by July 2014.

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

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

**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 behaviour management strategy provided to the Inspector did not contain all of the required elements of the legislation, as laid out above.

**Outcome**


Corrective action scheduled to be completed by July 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/>.

Signature of Inspector 	Date May 27, 2014
---	----------------------