

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

Inspection Information	
Date of Inspection: April 24, 2014	Name of Inspector: Janet Evans
Inspection Type: Routine Inspection	
Licensee: Dome Porcupine Transitional Living Centre / 200 Bruce Avenue W., South Porcupine, ON P0N 1H0 (the "Licensee")	
Retirement Home: Spruce Hill Lodge / 200 Bruce Avenue W., South Porcupine, ON P0N 1H0 (the "home")	
Licence Number: N0090	

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. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.</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>(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>s. 25. (3) The licensee shall ensure that the emergency plan provides for the following:</p> <p>1. Dealing with,</p> <p>ii. community disasters,</p> <p>iv. bomb threats,</p> <p>vi. chemical spills</p> <p>(5) The licensee shall ensure that the emergency plan for the retirement home is evaluated and</p>

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 Licensee had evidence of a written emergency plan but the plan failed to address all of the elements as listed above.

Outcome

Corrective action scheduled to be completed by June 13, 2014.

2. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs. 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. 43. (2) The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

- 2. Presence of infectious diseases.
- 3. Risk of falling.
- 4. Known allergies.

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. Behavioural 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

Initial assessments were completed outside the time frame for assessment and did not address all the required elements for assessment; there was no evidence of full assessments being completed.

Outcome

Corrective action scheduled to be completed by June 10, 2014.

3. 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 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;
 - (j) all other prescribed matters.

Inspection Finding

The Licensee was unable to show that 100% of staff were trained as per RHA s. 65 (2) and O. Reg. 166/11, s. 14 (1).

Outcome

Corrective action scheduled to be completed by June 10, 2014.

4. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.

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

- s. 22. (1)** Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.

Inspection Finding

The Licensee was unable to show evidence of a written strategy to reduce or mitigate the risk of falls in the common areas.

Outcome

Corrective action scheduled to be completed by June 20, 2014.

5. 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.

Inspection Finding

The Licensee was unable to show evidence of a comprehensive Medication management program for all of the elements as listed above.

Outcome

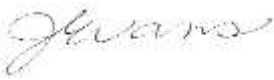
Corrective action scheduled to be completed by June 30, 2014.

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 June 12, 2014
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