

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

Inspection Information	
Date of Inspection: April 25, 2014	Name of Inspector: Debbie Rydall
Inspection Type: Routine Inspection	
Licensee: 767948 Ontario Limited / 40 Toronto Street, Bradford, ON L3Z 1N6 (the "Licensee")	
Retirement Home: The LeBlanc Rest Home / 40 Toronto Street, Bradford, ON L3Z 1N6 (the "home")	
Licence Number: T0114	

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 the RHA, S.O. 2010, c. 11, s. 54; Information for residents.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p>s. 54. (2) The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> (a) the Residents' Bill of Rights; (b) a statement that, if the retirement home also falls within the meaning of a care home as defined in the <i>Residential Tenancies Act, 2006</i>, nothing in this Act overrides or affects the provisions of the <i>Residential Tenancies Act, 2006</i> that would otherwise apply with respect to the home as a care home; (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (d) the licensee's procedure for complaints mentioned in subsection 73 (1); (e) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents; (f) the name, telephone number and e-mail address of the licensee; (g) information about the role of the Authority and its contact information; (h) information about the Residents' Council, including any information that the Residents' Council provides for inclusion in the package; (i) an explanation of the protection afforded for whistle-blowing described in section 115; (j) information relating to the contents of the written agreement that section 53 requires each of the residents and the licensee to make; (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;

(m) information about the licensee’s process for assisting residents to purchase or apply for care services and other services, programs or goods from external providers;
 (n) information regarding the rights of residents if the licensee chooses to reduce or discontinue the care services that the licensee provides to residents;
 (o) disclosure of any non-arm’s length relationships that exist between the licensee and external care providers;
 (p) contact information for the community care access corporation approved as an agency under subsection 5 (1) of the *Home Care and Community Services Act, 1994* for the area in which the retirement home is located;
 (q) information relating to the assessments required to prepare a plan of care, including a resident’s right to apply for publicly funded assessments;
 (r) information about the licensee’s process for assisting a resident in his or her transition to a long-term care home or other place of residence;
 (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;
 (u) a statement as to whether the retirement home is required under subsection 60 (2) to have a resident-staff communication and response system and whether the home has such a system and, if so, details of the system; and
 (v) all other information that is prescribed.

Inspection Finding
 The Licensee provides a Care Home Information Package to residents; however it is not aligned with the legislative requirements as listed above.

Outcome
 Corrective action required.

2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Agreement required.
 Specifically, the Licensee failed to comply with the following subsection:
s. 53. (1) 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.

Inspection Finding
 Residents acknowledge receipt of the CHIP but they do not sign an agreement with the home.

Outcome
 Corrective action required.

3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Standards.

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

s. 60. (4) Every licensee of a retirement home shall ensure that the following are in place for the home:

1. An emergency plan that responds to emergencies in the home or in the community in which the home is located and that meets the prescribed requirements.
2. An infection prevention and control program that meets the prescribed requirements.

Inspection Finding

The Licensee does not have a written emergency plan and the current infection control policy does not meet the legislative requirements.

Outcome

Corrective action required.

**4. 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.**

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

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.

(5) The licensee shall,

- (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,
 - (i) the loss of essential services,
 - (ii) situations involving a missing resident,
 - (iii) medical emergencies, and
 - (iv) violent outbursts;
- (b) at least once every two years, conduct a planned evacuation of the retirement home; and
- (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.

s. 25. (1) The emergency plan for a retirement home that has more than 10 residents shall, in addition to the requirements in section 24, meet the requirements set out in this section.

(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:

1. Dealing with,
 - i. fires,
 - ii. community disasters,

<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 2. Evacuation of the retirement home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency. 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 that they are in working order. 4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency. <p>(4) The licensee shall ensure that the emergency plan addresses the following components:</p> <ul style="list-style-type: none"> 1. Plan activation. 2. Lines of authority. 3. Communications plan. 4. Specific staff roles and responsibilities. <p>(5) The licensee shall ensure that the emergency plan 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.</p>

<p>Inspection Finding</p> <p>The Licensee does not have a written emergency plan in place and has not developed arrangements with community agencies and partners as is required by the legislation.</p>

<p>Outcome</p> <p>Corrective action required.</p>
--

<p>5. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p> <p>Specifically, the Licensee failed to comply with the following subsections:</p> <p>s. 27. (1) Every licensee of a retirement home shall ensure that the infection prevention and control program required by paragraph 2 of subsection 60 (4) of the Act complies with the requirements in this section.</p> <ul style="list-style-type: none"> (2) The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home. (3) The licensee shall keep a written record of the consultation required under subsection (2) that shall include a record of when the consultation took place, what was discussed and any recommendations that the local medical officer of health or designate made. (4) The licensee of a retirement home shall ensure that a written surveillance protocol is established in consultation with the local medical officer of health or designate in order to identify, document and
--

monitor residents who report symptoms of respiratory or gastrointestinal illness.

- (5) The licensee of a retirement home shall ensure that,
 - (a) if an infectious disease outbreak occurs in the home, the outbreak is reported to the local medical officer of health or designate and the licensee defers to the officer or designate, as the case may be, for assistance and consultation as appropriate;
 - (b) if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted; and
 - (c) processes for meeting the requirements in clauses (a) and (b) are established and the processes are recorded in writing.
- (6) The licensee of a retirement home shall ensure that each resident and the resident's substitute decision-makers, if any, are given information about how to reduce the incidence of infectious disease, including the need for and method of maintaining proper hand hygiene and the need for and process of reporting infectious illness.
- (7) The licensee of a retirement home shall ensure that waterless, alcohol-based hand sanitizer or another form of hand sanitation that provides equivalent protection against infectious disease transmission is available for use by residents and staff in communal resident areas and in staff work areas.
- (8) The licensee of a retirement home shall ensure that,
 - (a) each resident, each member of the staff of the home and each volunteer receive information about the advantages of an annual influenza vaccination and where the vaccination is available;
 - (b) each resident is screened for tuberculosis within 14 days of commencing residency in the home, unless the resident has been screened not more than 90 days before commencing residency and the documented results of the screening are available to the licensee;
 - (c) each member of the staff has been screened for tuberculosis and all other infectious diseases that are appropriate in accordance with evidence-based practices or, if there are no such practices, in accordance with prevailing practices; and
 - (d) the screening for each of the infectious diseases described in clause (c) has been done using procedures that accord with evidence-based practices or, if there are no such practices, with prevailing practices.
- (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 Licensee's current infection prevention/control program is not aligned with the legislative requirements listed above. The current policy does not include surveillance or PH notification. The owner stated that both residents and staff had been affected by stomach flu; however this was not reported to PH as it was over in 24 hours. Hand sanitizer was observed at the entrance to the home and also at the nursing station, but was not observed in the common areas of the home.

Outcome

Corrective action required.

**6. 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. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

(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.
6. Cognitive ability.
7. Risk of harm to self and to others.
8. Risk of wandering.
9. Needs related to drugs and other substances.

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.

(3) If a licensee or a staff member of a retirement home has reason to believe that a resident's care needs may include dementia care, skin and wound care, or the use of a personal assistance services device, the licensee shall ensure that the full assessment is,

- (a) conducted by a member of a College, as defined in the *Regulated Health Professions Act, 1991*; and
- (b) if the resident's care needs include dementia care, carried out using a clinically appropriate assessment instrument that is specifically designed for the assessment of dementia and related conditions.

Inspection Finding

Initial and full assessments are not currently being completed as is required by the legislation as listed above.

Outcome

Corrective action required.

7. 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 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;
- (e) injury prevention;
- (f) fire prevention and safety;
- (g) the licensee’s emergency evacuation plan for the home mentioned in subsection 60 (3);
- (h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);
- (i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person’s duties; and
- (j) all other prescribed matters.

(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.

Inspection Finding

There was evidence that some staff had signed off a read and sign form that included Resident’s Bill of Rights, infection control and evacuation plan. There was no supporting documentation as to the actual training or materials provided. There is no evidence to support that staff received training in the mandatory training listed under s. 65(2) of the Act or that training in complaints management was provided as is required under s. 14(1) of Regulation 166/11. There was no evidence that two staff received any training upon hire. One of the staff confirmed that she had not been trained on anything other than medication administration.

Outcome

Corrective action required.

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

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,
- (b) provide that abuse and neglect are not to be tolerated;
 - (c) provide for a program for preventing abuse and neglect;
 - (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;
 - (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

The Licensee’s Harassment & Abuse Policy is not aligned with the legislative requirements as listed above.

Outcome

Corrective action required.

9. The Licensee failed to comply with 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. 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 (4) 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 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;

(f) provide that the licensee of the retirement home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence; and

(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 Licensee’s Harassment & Abuse Policy is not aligned with the legislative requirements as listed above.

Outcome
Corrective action required.

10. 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 action 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.
- (3) The licensee shall ensure that,
- (a) the written record is reviewed and analyzed for trends at least quarterly;
 - (b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home; and
 - (c) a written record is kept of each review and of the improvements made in response.

Inspection Finding

The complaints procedure listed in the CHIP states that complaints are sometimes made to staff or directly to management and that management will deal with all complaints. There is no specific information as to how complaints will be managed and in what time frame. The current procedure is not aligned with the requirements of s. 59 of Regulation 166/11 as listed above.

Outcome

Corrective action required.

11. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.

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

s. 20. (4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

Inspection Finding

The Licensee was unable to provide documented proof that staff preparing food hold a current certificate in safe food handling.

Outcome

Corrective action required.

12. 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

There is no documented strategy in place to mitigate the risk of falls as is required by the legislation listed above.

Outcome

Corrective action required.

13. 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 owner confirmed that the home does not have a behaviour management strategy in place as is required under the legislation listed above.

Outcome

Corrective action required.

14. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs and other substances.

The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.

The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.

The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.

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

- s. 29.** 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 ensure that,
- (a) no drug is administered by the licensee or the staff to the resident in the home unless the drug has been prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the *Regulated Health Professions Act, 1991*;
 - (b) no drug is administered by the licensee or the staff to the resident in the home except in accordance with the directions for use specified by the person who prescribed the drug for the resident;

- (c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug;
- (d) a member of a College, as defined in the *Regulated Health Professions Act, 1991*, supervises the administration of the drug or other substance to the resident in the home;
- (e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,
 - (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,
 - (ii) the safe disposal of syringes and other sharps, and
 - (iii) recognizing an adverse drug reaction and taking appropriate action; and
- (f) no drug is administered by a volunteer.

s. 30. If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

- (a) the drugs or other substances are stored in an area or a medication cart that,
 - (i) is used exclusively for drugs or other substances and for supplies related to drugs or other substances,
 - (ii) is locked and secure,
 - (iii) protects the drugs or other substances from heat, light, humidity or other environmental conditions that may affect their efficacy, and
 - (iv) complies with the manufacturer's instructions for the storage of the drugs or other substances;
- (b) controlled substances as defined in the *Controlled Drugs and Substances Act (Canada)* are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart; and
- (c) an audit of the controlled substances mentioned in clause (b) is performed monthly.

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.

(2) As part of the medication management system, the licensee shall make a current reference text about pharmaceuticals available to all staff who are involved in the administration of a drug or other substance to a resident.

s. 32. If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

- (b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the *Regulated Health Professions Act, 1991*; and
- (c) the administration of drugs and other substances in the home is evaluated at least annually and the licensee keeps a written record of each evaluation.

Inspection Finding

Medication administration is not currently being supervised by a member of a College as defined in the Regulated Health Professions Act, 1991 as the owner confirmed that he oversees medication administration in the home. Staff has not received training in medication administration by a member of a College, as according to the owner, he provides staff training. Medications are currently locked in a cupboard; however they are not secured as the keys to both the medication cupboard and the cupboard containing the narcotics is kept in an unlocked, accessible drawer that is not supervised. Inhalers and insulin pens were observed in the same unlocked drawer. MARs are provided by the pharmacy; however they are not used by the home as the home has created their own documentation form. It was noted that not all medications noted on the MAR sheet were written onto the home's "Medications administration sheet". The home's documentation form is not individualized to one resident, but has several names on each form. Prescriptions are not kept on file in the home. There are no medication management policies in place as is required by the above legislation.

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 June 16, 2014
---	-----------------------