

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

Inspection Information	
Date of Inspection: April 8, 2014	Name of Inspector: Susan Lines
Inspection Type: Routine Inspection	
Licensee: Place Mont Roc Residence Inc. / 100 Industrial Boulevard, Hawkesbury, ON K6A 3M8 (the "Licensee")	
Retirement Home: Place Mont Roc Residence Inc. / 100 Industrial Boulevard, Hawkesbury, ON K6A 3M8 (the "home")	
Licence Number: N0268	

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"> (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); (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.
<p>Inspection Finding</p> <p>The home's information package did not include any of the items required.</p>
<p>Outcome</p> <p>Corrective action scheduled to be completed by June 20, 2014.</p>

2. The Licensee failed to comply with O. Reg. 166/11, s. 11; Posted information.

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

- s. 11. (1)** For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:
3. An explanation of the procedures to be followed in the case of an evacuation.

Inspection Finding

There was no evacuation procedures posted in the home.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

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

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 home's emergency plan did not meet the prescribed requirements.
The home did not have an infection prevention and control program.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

4. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.

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.

Inspection Finding

There was no clear evidence that the Licensee had current arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

There was no evidence that the emergency plan had been tested annually or that the home had conducted a planned evacuation of the home once every two years. The home did not keep consistent records of testing and changes made to improve the system.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

5. 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

The written agreements for three residents were completed after the residents' commenced residency in the home. There was no evidence that the Licensee had entered into a written agreement with a fourth resident.

Outcome

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

6. 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:

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

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.

(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.

Inspection Finding

There was no clear evidence of consultation with community agencies. The contents of the home’s plan did not meet the legislative minimums. There was not a clear system to account for residents. The resources, supplies and equipment were not readily available and there was no evidence that they were tested regularly. There was no clear identification of community agencies involved in emergency response. There was no evidence that the emergency plan was evaluated and updated annually.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

7. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.

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

s. 27. (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.

(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 home did not have a written surveillance protocol for respiratory or gastrointestinal illness and there was no evidence of written processes for reporting to public health. There was no evidence of staff training on how to reduce the incidence of infectious disease transmission.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

8. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care 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.
- 5. Dietary needs including known food restrictions.
- 6. Cognitive ability.
- 7. Risk of harm to self and to others.
- 8. Risk of wandering.

Inspection Finding

The home’s initial assessment did not include continence, the presence of infectious diseases, risk of falling, cognitive ability, risk of harm to self and to others and risk of wandering.

Outcome

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

9. 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. 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

The Licensee did not ensure that a full assessment of resident’s care needs and preferences was conducted for the residents. One of the home’s assessment tools included physical and mental health but this matter was not consistently found on the home’s assessment tool.

Outcome

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

10. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.

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

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

There was no evidence that any of the staff was trained in the home’s complaints procedure.

Outcome

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

11. 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. (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.
 (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

There was evidence that the home did not keep consistent records in relation to the skills, qualifications and training of the staff who work in the home. While fire drills were conducted in the home, there was no

record of which staff attended any of the fire drills. The home's records for each resident did not comply with the requirements.

Outcome

Corrective action scheduled to be completed by June 15, 2014.

12. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; 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.

Inspection Finding

There was evidence that twenty one out of twenty three staff had taken part in fire training. There was no evidence that any of the staff was trained in any of the other applicable topics.

Outcome

Corrective action scheduled to be completed by June 15, 2014.

13. 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,

- (a) clearly set out what constitutes abuse and neglect;
- (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;

- (f) set out the 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.

Inspection Finding

There was no evidence that the home had a policy to promote zero tolerance of abuse and neglect.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

14. 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

There was no evidence that the home had a policy to promote zero tolerance of abuse and neglect which met the requirements.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

15. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Procedure for complaints to licensee.

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

s. 73. (1) Every licensee of a retirement home shall ensure that there is a written procedure for a person to complain to the licensee about the operation of the home and for the way in which the licensee is required to deal with complaints.

Inspection Finding

There was no evidence that the home had a complaints procedure.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

16. 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 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.

Inspection Finding

There was no evidence that the home had maintained a written record of complaints.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

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

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

s. 20. (2) The licensee shall ensure that all foods and fluids used in food preparation are prepared, stored, and served using methods to prevent contamination and food borne illness.

(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

There was no evidence that any of the staff who cooked in the home had a current food handling certificate or had recently successfully completed a food handling training program equivalent to that offered by public health units.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

18. 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 was no evidence that the home had a risk of falls strategy.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

19. 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

There was no evidence that the home had a behaviour management strategy.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

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

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

- 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.

Inspection Finding

There was evidence that only one of the staff administering drugs in the home had received training in the administration of a drug in 2012. There was no evidence of any training since then and no evidence of any training in ways of reducing infectious diseases, safe disposal of syringes or recognizing adverse drug reactions and taking appropriate action.

Outcome

Corrective action scheduled to be completed by June 18, 2014.

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

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

- 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.

Inspection Finding

During the inspection, the Inspector found:

- medications left unsecured, on top of the medication cart and in an unlocked cupboard in the unlocked medication room;
- medications stored in an unlocked fridge, which also contained food, in the unlocked medication room;
- narcotics which were stored in the medication cart but not double-locked.

Outcome

Corrective action scheduled to be completed by April 9, 2014.

22. 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 home’s medication system did not include written policies and procedures to ensure that all drugs and other substances were stored and dispensed correctly.

Outcome

Corrective action scheduled to be completed by April 9, 2014.

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

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

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*.

Inspection Finding

There was evidence that the home did not have written evidence that the drugs staff administered to residents were prescribed for residents by an authorized person.

Outcome

Corrective action scheduled to be completed by June 6, 2014.

24. The Licensee failed to comply with O. Reg. 166/11, s. 57; Trust for resident’s money.

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

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 of the home, the licensee shall establish and maintain at least 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’s management confirmed that the home held money in trust for two residents and that this money was not deposited in a non- interest bearing trust account at a financial institution.

Outcome

Corrective action scheduled to be completed by June 6, 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 23, 2014
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