

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

Inspection Information	
Date of Inspection: March 18, 2014	Name of Inspector: Susan Lines
Inspection Type: Routine Inspection	
Licensee: 3673928 Ontario Inc / 261 McGill Street, Hawkesbury, K6A 1P9 (the "Licensee")	
Retirement Home: Manoir McGill 342 / 342 McGill Street, Hawkesbury, K6A 3V5 (the "home")	
Licence Number: N0246	

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; (l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers; (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 the home's abuse policy, information relating to the purchase of external care provider services and night time staffing levels.</p>
<p>Outcome</p> <p>Corrective action required. Warning Letter issued.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p>s. 65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,</p>

- (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 no evidence that the home’s staff was trained on the Residents’ Bill of Rights, the home’s Abuse policy, whistle-blowing, the use of personal assistance services devices or fire prevention and safety. Marc Cousineau confirmed that the home was not in compliance with regard to training.

Outcome

Corrective action required.
Warning Letter issued.

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.

Inspection Finding

The home’s emergency plan did not meet the prescribed requirements.

Outcome

Corrective action required.
Warning Letter issued.

4. 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 all staff was trained in the home’s complaints procedure.

Outcome

Corrective action required.
Warning Letter issued.

5. 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 subsection:

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;
- (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 home’s abuse policy was not aligned with the legislation.

Outcome

Corrective action required.
Warning Letter issued.

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

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

s. 24. (1) The emergency plan required under paragraph 1 of subsection 60 (4) of the Act shall meet the requirements set out in this section.

(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 evidence that the home had not maintained current all arrangements with community agencies, partner facilities and resources that would be involved in responding to an emergency. There was no

evidence that the home had tested their emergency plan with regard to situations involving a loss of essential services, missing resident, medical emergencies and violent outbursts. The home had not conducted a planned evacuation of the retirement home and had not kept a written record of testing of the emergency plan and any changes made to improve the plan.

Outcome

Corrective action required.
Warning Letter issued.

7. 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 subsection:

- 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;
- (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, 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

The home’s emergency plan was not aligned with the legislative minimums.

Outcome

Corrective action required.
Warning Letter issued.

8. 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 subsection:

- s. 27. (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

There was no evidence that the home’s staff was trained on how to reduce the incidence of infectious disease transmission.

Outcome

Corrective action required.
Warning Letter issued.

9. 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.
- (2) If a resident of a retirement home falls in a common area of the home or while being assisted by the licensee or staff, the licensee shall ensure that,
- (a) there is a timely and appropriate response to the fall;
 - (b) corrective action is taken as necessary to prevent future harm to residents; and
 - (c) the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.
- (3) If a resident of a retirement home falls in the home in circumstances other than those described in subsection (2) and the licensee or a staff member becomes aware of the fall, the licensee shall ensure that the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.
- (4) Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

Inspection Finding

Marc Cousineau, the Director of Care, confirmed that the home did not have a falls strategy.

Outcome

Corrective action required.
Warning Letter issued.

10. 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 no evidence that the home consistently retained written evidence that drugs administered to residents by staff were prescribed for the resident by an authorized person. Marc Cousineau confirmed that the home did not routinely keep prescriptions on site at the home.

Outcome

Corrective action required.
Warning Letter issued.

11. 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:
- 2. Presence of infectious diseases.
 - 3. Risk of falling.
 - 4. Known allergies.
 - 6. Cognitive ability.
 - 7. Risk of harm to self and to others.
 - 8. Risk of wandering.
 - 9. Needs related to drugs and other substances.

Inspection Finding

The home's initial assessment did not include infectious diseases, risk of falling, known allergies, cognitive ability, risk of harm to self or others, risk of wandering and needs related to drugs and other substances.

Outcome

Corrective action required.
Warning Letter issued.

12. 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 subsection:

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

There was no evidence that the home had completed a full assessment of resident's care needs and preferences for any residents in the home or that their assessment tool contained all of the required matters.

Outcome

Corrective action required.
Warning Letter issued.

13. The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.

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

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.

<p>Inspection Finding</p> <p>There was no evidence that the home maintained complete records for residents as required by the legislation. The home’s personnel records did not clearly show evidence of the staff’s skills, qualifications and training.</p>
<p>Outcome</p> <p>Corrective action required. Warning Letter issued.</p>
<p>14. The Licensee failed to comply with O. Reg. 166/11, 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>(2) The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.</p>
<p>Inspection Finding</p> <p>Marc Cousineau, the Director of Care, confirmed that the home did not have a behaviour management strategy.</p>
<p>Outcome</p> <p>Corrective action required. Warning Letter issued.</p>
<p>15. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p>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</p>

drugs and other substances to be administered to residents of the home are acquired, stored, dispensed, destroyed and disposed of correctly as required by law and in accordance with prevailing practices.

Inspection Finding

The home’s medication management system did not include written policies and procedures for acquiring, storing, dispensing, destroying and disposing of drugs or other substances correctly.

Outcome

Corrective action required.
Warning Letter issued.

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 subsection:

- s. 59. (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

The home’s complaints procedure was not fully aligned with the legislation.

Outcome


Corrective action required.
Warning Letter issued.

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 July 3, 2014
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