

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

Inspection Information	
Date of Inspection: March 18, 2014	Name of Inspector: Rachelle Harber
Inspection Type: Routine Inspection	
Licensee: Tomclo Properties Ltd. / 65 Trueman Avenue, Etobicoke, ON M8Z 5A3 (the "Licensee")	
Retirement Home: Greenway Lodge Retirement Home / 860 The Greenway, Mississauga, ON L5G 1P6 (the "home")	
Licence Number: T0190	

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); (l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers.
<p>Inspection Finding</p> <p>The information package failed to include the home's zero tolerance of abuse and neglect policy, the home's complaints procedures and information on external care providers.</p>
<p>Outcome</p> <p>Corrective action required.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Agreement required.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p>s. 53. (1) The licensee of a retirement home shall enter into an agreement with every resident of the</p>

home before the resident commences residency in the home.

Inspection Finding

There was no evidence to conclude that the home entered into an agreement with two residents.

Outcome

Corrective action required.

3. 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:

- 6. A copy of the most recent final inspection report prepared by an inspector under section 77 of the Act, subject to section 114 of the Act.

Inspection Finding

The home failed to post a copy of the most recent final inspection report that was that was prepared by Inspector Rydall on March 18, 2014.

Outcome

Corrective action required.

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

s. 24. (4) The licensee shall keep current all arrangements with community 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 evidence of an emergency plan in place at the home. The home failed to make arrangements with community partners other than United Drug Mart that would be involved in responding to an emergency. The home failed to do annual testing with the community. Staff reported that the fire plan was submitted to the Fire Department for approval in February 2014 but the home has not heard back from the fire department.

Outcome
 Corrective action required.

5. The Licensee failed to comply with O. Reg. 166/11, s. 26; Emergency plan, retirement home with 10 or fewer residents.

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

s. 26. The emergency plan for a retirement home that has 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:

1. The plan shall be developed in consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
2. The plan shall identify and address hazards and risks that may give rise to an emergency affecting the home.
3. The plan shall include steps in the evacuation of the 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.
4. The plan shall require that resources, supplies and equipment vital for the emergency response are set aside, readily available at the home and tested regularly to ensure that they are in working order.
5. The plan shall identify the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
6. The licensee shall ensure that the plan is updated at least annually and that the updating includes contact information for the relevant community agencies, partner facilities and resources that will be involve in responding to an emergency.

Inspection Finding
 There was no evidence of an emergency plan in place at the home.

Outcome
 Corrective action required.

**6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Standards.
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. 60. (4) Every licensee of a retirement home shall ensure that the following are in place for the home:

2. An infection prevention and control program that meets the prescribed requirements.

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 infections illness.

Inspection Finding

The home does not have an infection prevention and control program. The home does not have a written surveillance protocol. According to the list of staff training, staff has had training on Infection prevention and control but there is no evidence that the content of the training meets the requirements.

Outcome

Corrective action required.

7. 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.
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.

Inspection Finding

The home failed to do an initial assessment for a resident. The initial assessments that were completed for three other residents did not consider risk of falling, allergies, risk of harm to self and others and risk of wandering.

Outcome

Corrective action required.

8. 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. Behavioral 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 of a full assessment of resident care needs having been completed for four residents of the home.

Outcome

Corrective action required.

**9. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Obligations of licensees re staff.
The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.
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. 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. Behavior management

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.

s. 55. (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

Based on the staff training log, there is no evidence of any training for a staff member. There is no evidence of training on PASD’s, fire safety and behavior management for another staff member.

Outcome

Corrective action required.

**10. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Protection against abuse and neglect.
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. 67. (5) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,

- (c) provide for a program for preventing abuse and neglect;
- (e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.

s. 15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

- (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 residents substitute decision-maker, 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 physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a residents 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 completion of the investigation.

Inspection Finding

The policy is the ORCA template and is not specific to the home in its entirety.

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) Every licensee shall ensure that whenever food is being 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 food handling certificate on file for an employee who is involved in food handling when she works on the weekends.

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

The home did not develop, document or implement strategies to reduce or mitigate the risk of falls in common area of the home. Staff was not aware on any written falls procedures.

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 behavior management strategy that includes,

- (a) techniques to prevent and address resident behaviors that pose a risk to the resident or others in the home;
- (b) strategies for interventions to prevent and address resident behaviors that pose a risk to the resident or others in the home;
- (c) strategies for monitoring residents that have demonstrated behaviors 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 behaviors that pose a risk to the resident or others in the home.

Inspection Finding

The home did not have a written behavior management policy.

Outcome

Corrective action required.

14. 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,

- (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

A staff member said that she had medication training by pharmacy last year however there is no documented evidence of the training. This staff said that United Drug Pharmacy supervises medication administration at the home. There was no evidence of the pharmacist’s appropriate and current registration with the College of Pharmacists.

Outcome

Corrective action required.

**15. 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 subsection:

s. 31. (1) If one of the care services that the licensee or the staff member 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.

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,
 (a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered.
 (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

The home’s medication management system failed to include procedures to ensure that all drugs and other substances are received, stored, destroyed and disposed of correctly.
 There was no physician’s order on file for a resident’s medications.
 There was no physician’s order on file for another resident’s hydrochlorothiazide cream or hydrochlorthiazide1 tablet every morning.

This resident had a physician’s order for EC ASA 81 mg. once daily but this order was not noted on their Medication Administration Record.

Outcome

Corrective action required.

16. 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.

Inspection Finding

There was a record for a resident but it only contained her tenancy agreement and nothing else.

Outcome

Corrective action required.

17. 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 the 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

A staff member said that staff keeps money for two residents of the home. A log book was kept for one but not for the other. There was no evidence of the home having kept a trust account as required.

Outcome

Corrective action required.

18. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 68; Restraints prohibited.

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

s. 68. (3) Every licensee of a retirement home shall ensure that there is a written policy regarding the use of personal assistance services devices for residents of the home and that the policy complies with the prescribed requirements, if any.

Inspection Finding

The home's Restraints/PASDs policy includes a decision tree which is in reference to the least restraint policy from page 7. The home failed to remove the least restraint policy section in its entirety.

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 July 10, 2014
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