RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: April 9, 2014	**Name of Inspector:** Heather Buchanan
Inspection Type: Routine Inspection	
Licensee: 692536 Ontario Limited / 120 Elizabeth Street, Brighton, ON K0K 1H0 (the "Licensee")	
Retirement Home: Applefest Lodge / 120 Elizabeth Street, Brighton, ON K0K 1H0 (the "home")	
Licence Number: N0084	

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
1. The Licensee failed to comply with RHA, S.O. 2010, c. 11, s. 54; Information for residents. Specifically, the Licensee failed to comply with the following subsection: **s. 54. (2)** The package of information shall include, at a minimum, (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).
Inspection Finding The policy to promote zero tolerance of abuse and neglect and the home's complaint procedure contained in the Information Package provided by the home to residents do not meet the prescribed requirements. The written policy to promote zero tolerance of abuse and neglect does not contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section. The home's complaint procedure does not provide for an immediate investigation if the complaint alleges harm or risk of harm to one or more residents.
Outcome Corrective action required by the Licensee.
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

The Licensee failed to post evacuation procedures in the home.

Outcome

Corrective action taken by the Licensee.

3. The Licensee failed to comply with 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.
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. 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 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. (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,
(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) The licensee shall ensure that the emergency plan addresses the following components:
1. Plan activation.
2. Lines of authority.
3. Communications plan.

(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 written emergency plan does not meet the prescribed requirements outlined above. The Licensee has not provided evidence of arrangements with community partners or consultation with any community agencies. There has been no identification of risks. There has been no testing of the emergency plan. The contents of the plan do not account for community disasters, violent outbursts, medical emergencies, chemical spills or loss of essential services. In the event of an emergency, the Licensee has not provided a system to account for residents, emergency resources or supplies. There has been no identification of community agencies involved in emergency response. The Licensee has not reviewed the plan since August 27, 2008 and updates such as staffing lists and information with respect to the home's sprinkler system have not been included.

Outcome

Corrective action taken by the Licensee.

4. 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. (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 has not provided training to staff with respect to hand hygiene, preventing cross contamination or reporting, providing surveillance of and documenting incidents of infectious illness.

Outcome

Corrective action scheduled to be completed by the Licensee by September 18, 2014.

5. 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.

Inspection Finding

The Licensee failed to ensure that all residents of the home have had a full assessment of care needs completed. To date, only eight of fifty-six residents have had full assessments completed.

Outcome

Corrective action taken by the Licensee.

6. The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.
The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.
The Licensee failed to comply with RHA, S.O. 2010, c. 11, s. 65; Obligations of licensees re staff.

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

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.

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. 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:

1. Abuse recognition and prevention.
2. Mental health issues, including caring for persons with dementia.
3. Behaviour management.
4. Ways to minimize the need of residents for personal assistance services devices and if a resident needs such a device, the ways of using it in accordance with its manufacturer's operating instructions, this Act and the regulations.
5. All other prescribed matters.

Inspection Finding

The Licensee has failed to provide mandatory staff training with respect to the prescribed requirements as noted above. There are no records kept with respect to training of staff in the home.

Outcome

Corrective action scheduled to be completed by the Licensee by December 20, 2014.

7. The Licensee failed to comply with RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance. 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,

(d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section.

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,

(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.

Inspection Finding

The Licensee failed to provide an explanation for the duty to report abuse and neglect to the Registrar under s. 75 of the RHA in the home's zero tolerance of abuse policy. The policy also fails to provide for notification of a resident's substitute decision maker or other specified person in the event of any alleged, suspected or witnessed incidents of abuse or neglect. Procedures for responding to and investigating alleged incidents of abuse and neglect are also missing. No staff training with respect to power imbalances between staff and residents and situations which may lead to abuse has been conducted in the home.

Outcome

Corrective action required by the Licensee.

8. 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 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; and
(f) any response made in turn by the complainant.

Inspection Finding

The home's complaint procedure is missing prescribed requirements with respect to time frames and immediate investigation of complaints alleging harm or risk of harm. There are no written records of complaints kept in the home.

Outcome
Corrective action required by the Licensee.

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

Inspection Finding
Strategies to reduce or mitigate the risk of falls have not been developed, documented, or implemented in the home. Written records are not kept for all falls.

Outcome
Corrective action taken by the Licensee.

10. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.

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

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
A behaviour management strategy has not been fully developed or implemented in the home. There are some documented strategies but no provisions for monitoring residents with demonstrated behaviours or communication between staff/shifts to report and be informed of resident behaviours that pose a risk to the resident or others in the home.

Outcome
Corrective action scheduled to be completed by the Licensee by October 16, 2014.

11. 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 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,

(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 is no evidence that staff in the home has been trained in the procedures applicable to the administration of a drug, ways of reducing infectious diseases, safe disposal of syringes and sharps, and recognizing adverse drug reactions. The Licensee also failed to ensure that there is a regulated health professional supervising the administration of drugs in the home since November 2013.

Outcome

Corrective action scheduled to be completed by December 20, 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
	July 28, 2014