

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

Inspection Information	
Date of Inspection: March 6, 2014	Name of Inspector: Heather Buchanan
Inspection Type: Routine Inspection	
Licensee: Seasons Retirement Communities (Trenton) GP Inc. / 1315 North Service Road E., Unit 200, Oakville, ON L6H 1A7 (the "Licensee")	
Retirement Home: Seasons Dufferin Centre / 344 Dufferin Avenue, Trenton, ON K8V 5G9 (the "home")	
Licence Number: N0188	

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 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 provided by the Licensee to residents was missing the policy to promote zero tolerance of abuse and neglect, and a statement with respect to purchasing care or other services from an external care provider. The procedure for complaints in the Information Package contained an incorrect phone number for the RHRA.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>2. The Licensee failed to comply with 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 a written agreement with every resident of</p>

the home before the resident commences residency in the home.

Inspection Finding

Two business files for residents of the home checked during the inspection had tenancy agreements which were not signed prior to moving into the residence.

Outcome

Corrective action taken by the Licensee.

**3. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.
The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.**

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

s. 24. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

(5) The licensee shall,

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

- (i) the loss of essential services,
- (iii) medical emergencies, and
- (iv) violent outbursts.

s. 25. (4) The licensee shall ensure that the emergency plan addresses the following components:

- 3. Communications plan.

Inspection Finding

There was no evidence of current arrangements with community agencies and partners that would be involved in responding to an emergency. There had been no testing of the emergency plan with respect to loss of essential services, medical emergencies, or violent outbursts. The plan did not address a communications plan.

Outcome

Corrective action taken by the Licensee.

**4. The Licensee failed to comply with 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. (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

Training with respect to hand hygiene, cross contamination, or reporting, providing surveillance of and documenting incidents of infectious illness as part of the home’s infection prevention and control program cannot be verified.

Outcome

Corrective action taken by the Licensee.

5. 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:

- 3. Risk of harm to self and to others.
- 4. Risk of wandering.

Inspection Finding

Risk of harm to self and to others and risk of wandering are not contained in the Care Services Assessment form used by the home (initial and full assessment are done at the same time).

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 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. 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

<p>neglect of residents;</p> <p>(c) the protection afforded for whistle-blowing described in section 115;</p> <p>(d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;</p> <p>(e) injury prevention;</p> <p>(f) fire prevention and safety;</p> <p>(g) the licensee’s emergency evacuation plan for the home mentioned in subsection 60 (3);</p> <p>(h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);</p> <p>(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</p> <p>(j) all other prescribed matters.</p> <p>(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:</p> <ol style="list-style-type: none"> 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.
<p>Inspection Finding</p> <p>The home does not keep logs regarding staff training or records of fire drills conducted in the home. Training of staff in the above areas could not be verified.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>7. The licensee failed to comply with 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.</p> <p>Specifically, the Licensee failed to comply with the following subsections:</p> <p>s. 67. (5) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,</p> <ol style="list-style-type: none"> (d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section; (f) set out the consequences for those who abuse or neglect residents. <p>s. 15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,</p> <ol style="list-style-type: none"> (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;

(g) provide that the licensee of the retirement home shall ensure that,

(i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,

(ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,

(iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),

(iv) the changes and improvements mentioned in subclause (ii) are promptly implemented, and

(v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

Inspection Finding
The Licensee’s policy to promote zero tolerance of abuse and neglect is missing the components cited above.

Outcome
Corrective action taken by the Licensee.

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

(2) The procedure shall comply with the regulations.

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; and


(f) any response made in turn by the complainant.
<p>Inspection Finding The Complaints Procedure provided at the time of inspection did not meet the requirements of the legislation. The Complaints Procedure provided to residents as part of the information package is not the same procedure and contains an incorrect phone number for the RHRA.</p>
<p>Outcome Corrective action taken by the Licensee.</p>
<p>9. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p style="padding-left: 40px;"><u>s. 22. (1)</u> 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.</p>
<p>Inspection Finding Written records are kept for all falls; however, strategies to reduce or mitigate the risk of falls have not yet been developed or implemented in the home.</p>
<p>Outcome Corrective action taken by the Licensee.</p>

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
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