

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

Inspection Information	
Date of Inspection: May 29 and June 2, 2014	Name of Inspector: Michael Hickey
Inspection Type: Routine Inspection	
Licensee: Paris Nursing Home Limited / 185 Grand River Street N., Paris, ON N3L 2N2 (the "Licensee")	
Retirement Home: Penmarvian Retirement Home / 185 Grand River Street N., Paris, ON N3L 2N2 (the "home")	
Licence Number: S0222	

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 subsections:</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; (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>Routine inspection of the Licensee's information package revealed the contents of the package did not contain the prescribed information. Specifically, absent from the package were:</p> <ol style="list-style-type: none"> 1. A copy of the Licensee's policy for zero tolerance of abuse and neglect 2. Information about the residents right to external care services 3. Information regarding the presence or absence of sprinkler information in each resident's room 4. Information regarding the staffing levels that would be present on regular and night time shifts

Outcome

Corrective action taken by the Licensee.

2. 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

Routine inspection of resident files indicated the Licensee did not enter into a written agreement with every resident prior to residency. Specifically, new residents' files commencing residency on April 22, 2014 and April 26, 2014 did not contain written agreements.

Outcome

Corrective action taken by the Licensee.

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

Routine inspection of the Licensee's required emergency plan revealed that no plan existed beyond a Fire Emergency plan.

Outcome

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

**4. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs.
The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.
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. 43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

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.

s. 55. (2) The record for each resident shall include,

- (b) if the resident was assessed for the purposes of developing the resident's plan of care, documentation of when the resident was assessed and by whom.

Inspection Finding

Routine inspection of the resident files indicated that no initial assessments of resident care needs had been completed. Resident files did not contain any records to demonstrate that the required full assessment of resident care needs had been completed.

Specifically, resident files for three residents did not contain assessment documents or records.

Outcome

Corrective action scheduled to be completed by the Licensee by August 2014.

5. 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;
- (e) injury prevention;
- (f) fire prevention and safety.

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,

- (a) the police background checks required by section 64 of the Act;
- (b) the declarations required by subsection 13 (3) of this Regulation;
- (c) the skills, qualifications and training of the staff who work in the home.

<p>Inspection Finding</p> <p>Routine inspection of fourteen (14) of the Licensee’s staff files indicated no records of required training were kept.</p> <p>Certification and qualification records for registered nursing staff were not maintained in the staff files or within records maintained by the home.</p> <p>Of the fourteen staff files reviewed, only one staff file contained a police background check or declaration as required for working with vulnerable populations.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>6. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p><u>s. 59. (2)</u> The licensee shall ensure that a written record is kept in the retirement home that includes,</p> <ul style="list-style-type: none"> (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</p> <p>Routine inspection of the Licensee’s prescribed records indicated that no written record of complaints containing the prescribed content was kept by the home.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>7. 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><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</p> <p>Routine inspection of the Licensee’s records indicated that no risk of falls strategy was implemented to</p>

reduce or mitigate resident falls. No written strategy or policy was presented to the inspector on the date of inspection.

Outcome

Corrective action taken by the Licensee.

8. 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

Routine inspection of the Licensee’s records indicated that no behaviour management policy was in place on the date of inspection. No written policy was presented to the inspector on the date of inspection. Resident files indicated that some residents exhibited behaviours that required monitoring and application of behaviour management techniques to reduce the risk of harm to the residents of the home. Specifically, a resident’s file indicated previous aggressive behaviour.

Outcome

Corrective action taken by the Licensee.

9. 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;
 - (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

<p>hygiene, (ii) the safe disposal of syringes and other sharps, and (iii) recognizing an adverse drug reaction and taking appropriate action.</p>
<p>Inspection Finding Routine inspection of the Licensee’s required records for staff training specific to the administration of drugs indicated that no training records were kept demonstrating compliance with the regulation.</p>
<p>Outcome Corrective action scheduled to be completed by the Licensee by September 5, 2014.</p>
<p>10. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p>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,</p> <p>(a) the drugs or other substances are stored in an area or a medication cart that,</p> <p>(ii) is locked and secure.</p>
<p>Inspection Finding Routine inspection of the Licensee’s retirement home revealed an unlocked medication cart in the nurses’ station. Resident access to the cart was not restricted by any barrier. Secondly, a box containing unused and refused medication – destined for pharmacy return- was found in the open alcove area of the nurses’ station. The medication was contained within a plastic tote. Residents and visitors to the home had unrestricted access to the box which was confirmed to contain prescription medication.</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 30, 2014
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