

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

Inspection Information	
Date of Inspection: June 3, 2014	Name of Inspector: Ed Lum
Inspection Type: Routine Inspection	
Licensee: Westmount Terrace I Inc. / 723 Rymal Road West, Hamilton, ON L9B 2W1 (the "Licensee")	
Retirement Home: Westmount Terrace I / 723 Rymal Road West, Hamilton, ON L9B 2W1 (the "home")	
Licence Number: S0088	

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). (k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices; (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 home's package of information does not contain the Licensee's policy to promote zero tolerance of abuse and neglect of residents, complaints procedure, list of care services and their prices and external care provider statement.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>2. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.</p> <p>Specifically, the Licensee failed to comply with the following subsections:</p>

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.

Inspection Finding

There are no arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency. Further, there is no annual testing of the emergency plan, no evacuation at least once every two years and no written record of the testing of the emergency plan and evacuation.

Outcome

Corrective action taken by the Licensee.

3. 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. 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,
 - iii. violent outbursts,
 - v. medical emergencies,
 - vi. chemical spills,
 - vii. situations involving a missing resident.

(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 Licensee’s emergency plan does not include consultation with the relevant community agencies, partner facilities and resources and no identification of hazards and risks that may give rise to an emergency. The emergency plan does not provide dealing with violent outbursts, medical emergencies, chemical spills and missing resident. Further, the emergency plan has not been evaluated and updated at least annually.

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 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 the process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

No evidence was provided to confirm that all staff has received the required training.

Outcome

Corrective action scheduled to be completed by the Licensee by August 15, 2014.

**5. 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.**

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

- 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.
 - 5. Dietary needs including known food restrictions.
 - 6. Cognitive ability.

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

The initial assessment does not consider presence of infectious diseases, risk of falling, dietary needs/restrictions and cognitive ability. Further, no full assessment of the resident's care needs and preferences is conducted.

Outcome

Corrective action scheduled to be completed by the Licensee by August 15, 2014.

6. 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.

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. Behaviour 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.

Inspection Finding

All staff has not received training on Residents' Bill of Rights, zero tolerance of abuse and neglect policy, whistle-blowing protection, the use of personal assistance services devices (PASD) for residents and fire prevention and safety. Direct care staff has not received training on behaviour management. Further, all staff has not received training on the complaints procedure.

Outcome

Corrective action scheduled to be completed by the Licensee by August 15, 2014.

7. The Licensee failed to comply with the 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,

- (c) provide for a program for preventing abuse and neglect;
- (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.

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.

(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;
- (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 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 written policy to promote zero tolerance of abuse and neglect of residents does not contain the listed prescribed requirements.

Outcome
Corrective action taken by the Licensee.

8. 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 Licensee has not developed, documented and implemented strategies to reduce or mitigate the risk of falls in common areas of the home.

Outcome
Corrective action taken by the Licensee.

9. 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;

(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
The Licensee’s written behaviour management strategy only addresses aggressive residents and does not contain the prescribed requirements.

Outcome
Corrective action taken by the Licensee.

10. 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 hygiene,

(ii) the safe disposal of syringes and other sharps, and

(iii) recognizing an adverse drug reaction and taking appropriate action.

Inspection Finding
The Licensee was unable to provide evidence that staff who administers a drug to a resident in the home has received the required training.

Outcome
Corrective action scheduled to be completed by the Licensee by August 15, 2014.

11. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.

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 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.

Inspection Finding

The Licensee’s medication management system does not contain the prescribed requirements.

Outcome

Corrective action scheduled to be completed by the Licensee by August 15, 2014.

12. 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 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

Inspection confirmed that the Licensee holds petty cash for residents. The Licensee has not established and maintained at least one non-interest bearing trust account at a financial institution.

Outcome


Corrective action taken by the Licensee.

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 31, 2014
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