

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

Inspection Information	
<b>Date of Inspection:</b> May 1, 2014	<b>Name of Inspector:</b> Ed Lum
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Heritage Green Retirement Home / 351 Isaac Brock Drive, Stoney Creek ON L8J 1Y1 (the "Licensee")	
<b>Retirement Home:</b> Heritage Green Retirement Home / 351 Isaac Brock Drive, Stoney Creek ON L8J 1Y1 (the "home")	
<b>Licence Number:</b> S0149	

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><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Information for residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p><b>s. 54. (2)</b> The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> <li>(c) the licensee’s policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</li> <li>(d) the licensee’s procedure for complaints mentioned in subsection 73 (1);</li> <li>(k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices;</li> <li>(l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers;</li> <li>(s) information as to whether the retirement home has automatic sprinklers in each resident’s room.</li> </ul>
<p><b>Inspection Finding</b></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 accommodation and care services and their prices, external care provider statement and automatic sprinkler information.</p>
<p><b>Outcome</b></p> <p>Corrective action taken by the Licensee.</p>

**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**

Three residents' agreements checked revealed that one resident had yet to enter into a written agreement with the Licensee of the home.

**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.  
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. (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**

The Licensee does not have 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. 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 scheduled to be completed by the Licensee by August 31, 2014.

**4. 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.

**s. 25. (3)** The licensee shall ensure that the emergency plan provides for the following:

1. Dealing with,
  - (i) fires,
  - (ii) community disasters,
  - (iii) violent outbursts,
  - (iv) bomb threats,
  - (v) medical emergencies,
  - (vi) chemical spills,
  - (vii) situations involving a missing resident, 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 they are in working order.
4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency.

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

1. Plan activation.
2. Lines of authority.
3. Communications plan.
4. Specific staff roles and responsibilities.

**s. 25. (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 does not have an emergency plan that meets the requirements as per the Regulation.

**Outcome**

Corrective action scheduled to be completed by the Licensee by August 31, 2014.

**5. 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. 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 issues.

**s. 27. (5)** The licensee of 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.

**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**

The Licensee’s infection prevention and control program does not meet the prescribed requirements. Further, 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 July 31, 2014.

**6. 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:

3. Risk of falling.
4. Known allergies.
5. Dietary needs including known food restrictions.

**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. 44. (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 Licensee’s initial assessment of the resident’s immediate care needs does not consider risk of falling, known allergies and dietary needs including known food restrictions. Further, the Licensee does not conduct a full assessment of the resident’s care needs and preferences.

**Outcome**

Corrective action taken by the Licensee.

**7. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.  
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.

**s. 65. (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 the Residents' Bill of Rights, zero tolerance of abuse and neglect policy, whistle-blowing protection and policy on the use of personal assistance services devices (PASD) for residents. Not all staff has received training on 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 July 31, 2014.

**8. 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,
  - (b) provide that abuse and neglect are not to be tolerated;
  - (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;
  - (f) set out consequences for those who abuse or neglect residents;
  - (g) comply with the prescribed requirements, if any, respecting the matters described in clauses (a) to (f); and
  - (h) deal with the additional matters, if any, that are prescribed.

**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.

**s. 15. (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.

**s. 15. (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;
- (f) provide that the licensee of the retirement home shall ensure that the appropriate police force is immediately notified of any alleged, suspected, or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence; and
- (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 references a Long Term Care Home and Ministry of Health. The policy does not include the requirements as per the Act and Regulation.

**Outcome**

Corrective action scheduled to be completed by the Licensee by July 31, 2014.

**9. The Licensee failed to comply with the 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.

**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.

**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.

**Inspection Finding**

The Licensee does not have a written procedure for a person to complain to the licensee which contains the requirements as per the Regulation. Further, the licensee does not keep a written record of complaints in the home.

**Outcome**

Corrective action scheduled to be completed by the Licensee by July 31, 2014.

**10. 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.

**11. 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**

The Licensee has not developed and implemented a written behaviour management strategy.

**Outcome**

Corrective action taken by the Licensee.

**12. 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**

Staff administering a drug has not received training in the administration of a drug and other required training.

**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
---	-----------------------