

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

Inspection Information	
<b>Date of Inspection:</b> June 6, 2014	<b>Name of Inspector:</b> Ed Lum
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 1639133 Ontario Inc. / 33 Main Street, Dundas, ON L9H 2P7 (the "Licensee")	
<b>Retirement Home:</b> Dundas Retirement Place / 33 Main Street, Dundas, ON L9H 2P7 (the "home")	
<b>Licence Number:</b> S0162	

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> <li>(t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home.</li> </ul>
<p><b>Inspection Finding</b></p> <p>The home's package of information does not contain the prescribed requirements.</p>
<p><b>Outcome</b></p> <p>Corrective action scheduled to be completed by the Licensee by August 31, 2014.</p>

**2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 55; Public Information.**

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

**s. 55. (2)** Every licensee of a retirement home shall ensure that the following information is posted in the home in a conspicuous and easily accessible location and in a manner that complies with the prescribed requirement, if any:

- 2. The licensee’s licence for the home.

**Inspection Finding**

On day of inspection, the licensee’s licence for the home was not posted in 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’s emergency plan that responds to emergencies in the home or in the community in which the home is located does not meet the prescribed requirements. 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 September 30, 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.
- (3) The licensee shall ensure that the emergency plan provides for the following:
- 1. Dealing with,
    - ii. community disasters.
  - 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.
- (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.
- (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 contain the prescribed requirements and has not been evaluated and updated at least annually.

**Outcome**

Corrective action taken by the Licensee.

**5. 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 September 30, 2014.

**6. 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. (2)** The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:
- 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 full assessment conducted on residents does not consider presence of infectious diseases and risk of falling.

**Outcome**

Corrective action taken by the Licensee.

**7. 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**

Not all staff has received training on Residents’ Bill of Rights, zero tolerance of abuse and neglect, 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 taken by the Licensee.

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

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;
  - (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.

(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,

- (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;
- (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 does not contain the prescribed requirements.

**Outcome**

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

**9. 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 subsection:

**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.

**Inspection Finding**

The licensee’s written complaints procedure 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. 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’s written behaviour management strategy does not contain the prescribed requirements.

**Outcome**

Corrective action taken by the Licensee.

**11. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.**

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

- 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,
- (a) the drugs or other substances are stored in an area or a medication cart that,
  - (ii) is locked and secure.

**Inspection Finding**

Insulin for residents is stored in an unlocked refrigerator in an insecure area.

**Outcome**

Corrective action taken by the Licensee.

**12. 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 taken by the Licensee.

**13. 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**

The licensee holds money for 10 residents. There is no non-interest bearing trust account established and



maintained at a financial institution.

**Outcome**


Corrective action scheduled to be completed by the Licensee by September 30, 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 31, 2014
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