

FINAL INSPECTION REPORT

Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: May 22, 2014	Name of Inspector: Debbie Rydall
Inspection Type: Mandatory Reporting Inspection	
Licensee: Wells Gordon Limited / 700 & 720 Mount Pleasant Road, Toronto, ON M4S 2N4 (the "Licensee")	
Retirement Home: The Briton House / 700 & 720 Mount Pleasant Road, Toronto, ON M4S 2N4 (the "home")	
Licence Number: T0034	

Purpose of Inspection
The RHRA received a report under section 75(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
1. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management. Specifically, the Licensee failed to comply with the following subsection: <u>s. 23. (1)</u> 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. (2) The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.
Inspection Finding The Inspector confirmed that a male resident eloped from the 9th floor on at least 2 separate occasions as a result of a malfunction between the wander guard wrist system and one of the elevators. Effective interventions to address the elopement risk were not implemented by the home after the resident eloped the first time.
Outcome Corrective action taken by the Licensee.

2. The Licensee failed to comply with O. Reg. 166/11, s. 19; Maintenance.

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

- s. 19. (1)** Every licensee of a retirement home shall ensure that a maintenance program is in place to ensure that the building forming the retirement home, including both interior and exterior areas and its operational systems, are maintained in good repair.
- (2) The maintenance program shall include policies and procedures for routine, preventative and remedial maintenance of the following in the retirement home:
4. If provided by the licensee, equipment, devices, assistive aids, positioning aids and shower grab bars.

Inspection Finding

There was no documented evidence provided to support that the home has a preventative maintenance program in place to ensure that the wander guard system used by residents residing on the secure floor are all maintained in working order. There was no documented evidence to support that the wander guard system is tested to ensure that it is operational.

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 August 25, 2014
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