

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

Inspection Information	
Date of Inspection: May 26, 2014	Name of Inspector: Julie Hebert
Inspection Type: Routine Inspection	
Licensee: 1582611 Ontario Ltd. / 99 Walford Road, Sudbury, ON P9E 6K3 (the "Licensee")	
Retirement Home: The Walford on the Park / 38 Godfrey Drive, Copper Cliff, ON P0M 1N0 (the "home")	
Licence Number: N0172	

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. 60; Safety plans. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.</p> <p>Specifically, the Licensee failed to comply with the following subsections:</p> <p>s. 60. (4) Every licensee of a retirement home shall ensure that the following are in place for the home:</p> <p>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.</p> <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.</p> <p>(5) The licensee shall,</p> <p>(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,</p> <p>(i) the loss of essential services,</p> <p>(ii) situations involving a missing resident,</p> <p>(iii) medical emergencies, and</p> <p>(iv) violent outbursts;</p> <p>(b) at least once every two years, conduct a planned evacuation of the retirement home; and</p> <p>(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.</p>

- 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.
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 that 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 home’s emergency plan does not include the above noted sections.

Outcome

Corrective action taken by the Licensee.

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

Inspection Finding

The home has not completed training with staff in the above noted sections of infection control.

Outcome

Corrective action taken by the Licensee.

- 3. 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;
- (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.

s. 55. (5) A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,

- (c) the skills, qualifications and training of the staff who work in the home.

Inspection Finding

The home has not completed training with staff in the above noted sections. The home also did not keep records proving skills, qualifications and training of staff.

Outcome

Corrective action taken by the Licensee.

- 4. The Licensee failed to comply O. Reg. 166/11, s. 15; Policy to promote zero tolerance of abuse and neglect.
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Protection against abuse and neglect.**

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

s. 15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

- (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 home’s abuse and neglect policy is not in compliance with the above noted sections.

Outcome

Corrective action required by the Licensee.
Warning Letter issued.

5. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.

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

s. 20. (1) Every licensee of a retirement home shall ensure that this section is complied with whenever food is prepared in the home.

- (4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

Inspection Finding

The home was unable to produce current food handler’s certificates for staff.

Outcome

Corrective action taken by the Licensee.

6. 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 home has not completed medication administration training with staff.

Outcome

Corrective action required by the Licensee.

Warning Letter issued.

7. The Licensee failed to comply with O. Reg. 166/11, s. 41; Dementia care program.

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

s. 41. (1) If the licensee of a retirement home provides a dementia care program to a resident of the home, the licensee shall ensure that the program complies with this section.

(2) The program shall include,

- (a) therapies, techniques and activities, including mental stimulation, to maximize the functioning and independence of the resident in the areas of physical, cognitive, sensory and social abilities;
 - (b) monitoring the resident for safety and wellbeing;
 - (c) therapies, techniques and activities to promote quality of life and wellbeing for the resident;
 - (d) strategies for communicating with the resident if the resident has compromised communication and verbalization skills, a cognitive impairment or cannot communicate in the languages used in the retirement home; and
 - (e) strategies for identifying and addressing triggers for responsive behaviours if the resident exhibits responsive behaviours.
- (3) The program shall be developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

(4) The program shall be supervised by a member of a College, as defined in the *Regulated Health Professions Act, 1991*, with specific training in dementia care and care of older adults.

Inspection Finding

The home's dementia care program is not compliant with the above mentioned sections.

Outcome

Corrective action required by the Licensee.
Warning Letter issued.

8. The Licensee failed to comply with O. Reg. 166/11, s. 52; Personal assistance services devices. The Licensee failed to comply with O. Reg. 166/11, s. 53; Restraints.

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

s. 52. (1) Every licensee of a retirement home shall ensure that the home's written policy under subsection 68 (3) of the Act deals with,

- (a) the duties and responsibilities of staff, including,
 - (i) who has the authority to apply a personal assistance services device to a resident or to release a resident from a personal assistance services device, and
 - (ii) ensuring that all appropriate staff are aware at all times of when the licensee has permitted the use of a personal assistance services device for a resident;
- (b) the prohibition on restraining a resident in any way under subsection 68 (1) of the Act except when restraining under the common law duty described in subsection 71 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;
- (c) the types of personal assistance services devices permitted to be used;
- (d) how consent to the use of personal assistance services devices as set out in section 69 of the Act is to be obtained and documented;
- (e) alternatives to the use of personal assistance services devices, including how the alternatives are

planned, developed and implemented, using an interdisciplinary approach; and
(f) how the use of personal assistance services devices in the home will be evaluated to ensure that all necessary use of a personal assistance services device is done in accordance with the Act and this Regulation.

s. 53. (1) Every licensee of a retirement home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device pursuant to the common law duty described in subsection 71 (1) of the Act:

1. A member of the College of Physicians and Surgeons of Ontario or a member of the College of Nurses of Ontario has ordered the use of the device.
2. Staff apply the device in accordance with the manufacturer’s instructions, if any.
3. The device is well maintained.
4. The device is not altered except for routine adjustments in accordance with the manufacturer’s instructions, if any.

(2) If a resident is being restrained by a physical device when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty described in subsection 71 (1) of the Act, the licensee shall ensure that,

- (a) the resident is monitored or supervised on an ongoing basis and released from the device and repositioned when necessary based on the resident’s condition or circumstances; and
- (b) the resident’s condition is reassessed only by a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario at least every 15 minutes and at any other time when reassessment is necessary based on the resident’s condition or circumstances.

(3) After the application of a physical device pursuant to the common law duty described in subsection 71 (1) of the Act, the licensee shall explain to the resident, or the resident’s substitute decision-makers if the resident is incapable, the reason for the use of the device.

(4) If a resident has been restrained by a physical device pursuant to the common law duty described in subsection 71 (1) of the Act and if the resident is released from the device or the use of the device is being discontinued, the licensee shall ensure that appropriate post-restraining care is provided to ensure the safety and comfort of the resident.

(5) Every licensee shall ensure that every use of a physical device to restrain a resident pursuant to the common law duty described in subsection 71 (1) of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the device.
2. The person who made the order, what device was ordered, and any instructions relating to the order.
3. The person who applied the device and the time of application.
4. All assessments, reassessments and monitoring of the resident, including the resident’s response.
5. Every release of the device and all repositioning.
6. The removal or discontinuance of the device, including the time of removal or discontinuance of the device and the post-restraining care of the resident.

Inspection Finding

The home’s Action Plan outlined a need for a restraint policy. The home’s current Personal Assistance Devices policy dealing with areas of restraint is not in compliance with the Regulations nor is the home’s restraint policy.

Outcome

Corrective action required by the Licensee.


Warning Letter issued.

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 27, 2014
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