

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

Inspection Information	
<b>Date of Inspection:</b> June 12, 2014	<b>Name of Inspector:</b> Susan Lines
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 1350844 Ontario Inc. / 1200 Second Street W., Cornwall, ON K6J 1J3 (the "Licensee")	
<b>Retirement Home:</b> Riverdale Terrace Waterfront Retirement Residence / 1200 Second Street W., Cornwall, ON K6J 1J3 (the "home")	
<b>Licence Number:</b> N0239	

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>(l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers;</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 information package did not include all of the items required.</p>
<p><b>Outcome</b></p> <p>Corrective action taken by the Licensee.</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 11; Posted information.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p>

**s. 11. (1)** For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:

3. An explanation of the procedures to be followed in the case of an evacuation.

**Inspection Finding**

There was no evacuation procedures 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; Standards.**

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

**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.

**Inspection Finding**

The home's emergency plan did not meet the prescribed requirements.

**Outcome**

Corrective action taken by the Licensee.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.**

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

**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 was no evidence that the licensee had current arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

There was no evidence that the emergency plan had been tested annually or that the home had conducted a planned evacuation of the home once every two years.

**Outcome**

Corrective action taken by the Licensee.

**5. 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 subsection:

- 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, and
  - 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.
- (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**

There was no evidence of consultation with community agencies. The contents of the home’s plan did not meet the legislative minimums. There was not a clear system to account for residents. There were no resources, supplies and equipment readily available. There was no clear identification of community agencies involved in emergency response. There was no evidence that the emergency plan was evaluated and updated annually.

<p><b>Outcome</b> Corrective action taken by the Licensee.</p>
<p><b>6. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p><b>s. 27. (4)</b> 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 illness.</p> <p>(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,</p> <ul style="list-style-type: none"> <li>(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</li> <li>(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.</li> </ul>
<p><b>Inspection Finding</b> There was no evidence of staff training on how to reduce the incidence of infectious disease transmission.</p>
<p><b>Outcome</b> Corrective action scheduled to be completed by the Licensee by October 15, 2014.</p>
<p><b>7. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p><b>s. 14. (1)</b> 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.</p>
<p><b>Inspection Finding</b> There was no clear evidence that any of the staff was trained in the home’s complaints procedure as required.</p>
<p><b>Outcome</b> Corrective action scheduled to be completed by the Licensee by October 15, 2014.</p>
<p><b>8. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Obligations of licensees re staff.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p>

**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.

**Inspection Finding**

The home’s records did not show clearly that all staff was trained in all the applicable topics. There was no evidence that any of the staff was trained in behaviour management.

**Outcome**

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

**9. 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 subsection:

**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;
- (d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section.

**Inspection Finding**

The home’s policy to promote zero tolerance of abuse and neglect was not fully aligned with the legislation.

**Outcome**

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

**10. 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 subsection:

- 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,
- (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 home’s policy to promote zero tolerance of abuse and neglect did not meet the requirements.

**Outcome**

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

**11. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Procedure for complaints to licensee.**

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

**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.

**Inspection Finding**

The home's complaints procedure did not meet the requirements.

**Outcome**

Corrective action taken by the Licensee.

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

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

**s. 20. (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**

There was no evidence that two of the three staff who cooked in the home had a current food handling certificate or equivalent training.

**Outcome**

Corrective action scheduled to be completed by the Licensee by November 21, 2014.

**13. 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**

There was no evidence that the home had a risk of falls strategy.

**Outcome**

Corrective action taken by the Licensee.

**14. 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,

(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 home's behaviour management strategy did not meet the requirements.

**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 September 3, 2014
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