RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: June 5 and June 11, 2014	**Name of Inspector:** Michael Hickey
Inspection Type: Routine Inspection	
Licensee: Sherry Hamilton / 469 Main Street W., Listowel ON N4W 1A7 (the "Licensee")	
Retirement Home: Hamilton Place / 469 Main Street W., Listowel ON N4W 1A7 (the "home")	
Licence Number: S0230	

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
1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Information for residents. Specifically, the Licensee failed to comply with the following subsections: **s. 54. (1)** Every licensee of a retirement home shall ensure that, (a) a package of information that complies with this section is given to every resident of the home and to the substitute decision-maker of the resident, if any, before the resident commences his or her residency; (c) the package of information is accurate and revised as necessary; and (2) The package of information shall include, at a minimum, (b) a statement that, if the retirement home also falls within the meaning of a care home as defined in the *Residential Tenancies Act, 2006*, nothing in this Act overrides or affects the provisions of the *Residential Tenancies Act, 2006* that would otherwise apply with respect to the home as a care home; (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (d) the licensee's procedure for complaints mentioned in subsection 73 (1); (e) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents; (f) the name, telephone number and e-mail address of the licensee; (g) information about the role of the Authority and its contact information; (h) information about the Residents' Council, including any information that the Residents' Council provides for inclusion in the package; (i) an explanation of the protection afforded for whistle-blowing described in section 115;

(j) information relating to the contents of the written agreement that section 53 requires each of the residents and the licensee to make;

(k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices;

(l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers;

(m) information about the licensee's process for assisting residents to purchase or apply for care services and other services, programs or goods from external providers;

(n) information regarding the rights of residents if the licensee chooses to reduce or discontinue the care services that the licensee provides to residents;

(o) disclosure of any non-arm's length relationships that exist between the licensee and external care providers;

(p) contact information for the community care access corporation approved as an agency under subsection 5 (1) of the *Home Care and Community Services Act, 1994* for the area in which the retirement home is located;

(q) information relating to the assessments required to prepare a plan of care, including a resident's right to apply for publicly funded assessments;

(r) information about the licensee's process for assisting a resident in his or her transition to a long-term care home or other place of residence;

(s) information as to whether the retirement home has automatic sprinklers in each resident's room;

(t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;

(u) a statement as to whether the retirement home is required under subsection 60 (2) to have a resident-staff communication and response system and whether the home has such a system and, if so, details of the system

Inspection Finding

Routine inspection of the Licensee's information package revealed that the information required to be provided to residents was not in compliance and did not contain any of the above required items.

Outcome

Corrective action required by the Licensee.

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 subsections:

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.

(2)The agreement shall contain the prescribed requirements

Inspection Finding

Routine inspection of the Licensee's resident files indicated that the Licensee did not enter into written agreements that contained the prescribed requirements. Specifically, resident agreements and files for four residents were found not to be in compliance.

Outcome

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

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 clauses:

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.
2. An infection prevention and control program that meets the prescribed requirements

Inspection Finding

Routine inspection of the Licensee's records indicated the home did not prepare an emergency plan beyond a fire safety plan. No evidence of the Licensee having implemented an infection control program was found during inspection.

Outcome

Corrective action required by the Licensee.

4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Plan of Care.
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. 62. (1) When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.

s. 43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

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.

Inspection Finding

Routine inspection of the Licensee's records and resident files indicated the home did not conduct initial assessments of resident care needs. No indication of full assessments of the resident care needs was found during inspection. Resident files reviewed did not contain any Plans of Care for the residents as prescribed. Specifically, files for four residents did not contain assessments, plans of care, required resident records.

Outcome

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

5. 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. 55; Contents of Records.

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

s. 65. (1) Every licensee of a retirement home shall ensure that all the staff who work in the home,

(a) have the proper skills and qualifications to perform their duties; and

(b) possess the prescribed qualifications.

(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;

(e) injury prevention;

(g) the licensee's emergency evacuation plan for the home mentioned in subsection 60 (3);

(h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);

(i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties; and

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

Routine inspection of the Licensee's records indicated the home did not keep or document training records for the staff of the home.

Outcome

Corrective action taken by the Licensee.

6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance.

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

s. 67. (5) Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.

Inspection Finding

Routine inspection of the Licensee's records and policies indicated the home did not prepare a policy to promote zero tolerance of abuse and neglect.

Outcome

Corrective action taken by the Licensee.

7. 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

Routine inspection of the Licensee's records indicated the home did not prepare a procedure for a person to complain to the Licensee about the operation of the retirement home. No indication was found of a procedure for the Licensee to deal with complaints filed with the home.

Outcome

Corrective action taken by the Licensee.

8. 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

Routine inspection of the Licensee's records indicated the home did not develop or implement a strategy to reduce or mitigate the resident's risk of falls.

Outcome
Corrective action taken by the Licensee.

9. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour Management.

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

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.

(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
Routine inspection of the Licensee's records indicated the home did not prepare a behaviour management policy or strategy to address the resident behaviours that posed a risk to the residents of the retirement home. Residents exhibiting behaviours that required monitoring were noted during inspection.

Outcome
Corrective action taken by the Licensee.

10. 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 clauses:

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;

(d) a member of a College, as defined in the *Regulated Health Professions Act, 1991*, supervises the administration of the drug or other substance to the resident in the home;

(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

Routine inspection of the Licensee's records indicated the home did not keep records for the training of unregulated care providers administering drugs to the residents of the home. Drugs were identified as being administered and stored in the home.

No records were found indicating a member of a College, as defined in the Regulated Health Professions Act, 1991, supervised the administration of the drug or other substance to the resident in the home.

No current or valid agreement was found during the inspection to demonstrate a pharmacy services agreement was in place with the home.

No health professional college certification, or employment contract, or service agreement was found to indicate supervision of the administration of drugs to the residents by a regulated health professional.

Outcome

Corrective action taken by the Licensee.

11. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of Drugs.

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

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,
(i) is used exclusively for drugs or other substances and for supplies related to drugs or other substances

Inspection Finding

Routine inspection of the Licensee's medication storage methods revealed the residents' insulin supplies were stored in the common access refrigerator used to store food for the resident kitchen.

Outcome

Corrective action taken by the Licensee.

12. 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.

(5) The program shall be evaluated at least annually and the licensee shall keep a written record of each evaluation.

Inspection Finding

Routine inspection of the Licensee's records indicated the home did not implement a compliant dementia care program. The Licensee offers dementia care as presented on the list of care services listed on the RHRA register. No evidence was presented to the inspector that the program was 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.

No evidence was presented to the inspector to demonstrate any program or program records existed within the home for the dementia care of seniors.

Senior and non-senior residents with behaviours indicating dementia and other behavioural, medical, or mental health conditions were observed during the inspection.

Outcome

Corrective action required by the Licensee.

13. 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. 55. (1) The licensee of a retirement home shall keep a record for each resident of the home that complies with the requirements of this section.

(2) The record for each resident shall include,

(a) documentation of all consents related to the collection, use, retention or disclosure of the resident's personal information, including personal health information;

(b) if the resident was assessed for the purposes of developing the resident's plan of care, documentation of when the resident was assessed and by whom;

(c) if the resident did not consent to an assessment, documentation of that fact;

(d) a copy of the resident's most recent plan of care;

(e) a copy of the written agreement between the resident and the licensee required under section 53 of the Act;

Inspection Finding

Routine inspection of the Licensee's records indicated the home did not keep resident records with prescribed content.

Outcome

Corrective action taken by the Licensee.

14. The Licensee failed to comply with O. Reg. 166/11, s. 17; Cleanliness.

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

s. 17. (2) Every licensee of a retirement home shall ensure that bathrooms in common areas of the home that are used by residents are adequately stocked with supplies including toilet paper.

Inspection Finding

Routine inspection of the Licensee's retirement home revealed the upper level shared common bathroom did not contain toilet paper or any hand towels for the use of residents on June 05, 2014. On June 11, 2014, the same bathroom was found in compliance, with a second common shared bathroom being found without toilet paper or hand towels.

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 15, 2014