

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

Inspection Information	
<b>Date of Inspection:</b> July 4, 2014	<b>Name of Inspector:</b> Rachelle Harber
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> St. Charles Village LP / 1350 Plains Road, Burlington, ON L7T 1H6 (the "Licensee")	
<b>Retirement Home:</b> St. Charles Village / 30 Nova Crescent, Welland, ON L3C 6P8 (the "home")	
<b>Licence Number:</b> S0129	

Purpose of Inspection
The RHRA conducts routine inspections as set out in section 77(3) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>54. (2)</b> The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> <li>(d) the licensee's procedure for complaints mentioned in subsection 73 (1);</li> <li>(s) information as to whether the retirement home has automatic sprinklers in each resident's room;</li> <li>(c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</li> </ul>
<p><b>Inspection Finding</b></p> <p>The home's package of information does not contain the Licensee's procedure for complaints and automatic sprinkler information. The Licensee's policy to promote zero tolerance of abuse and neglect of Residents contained in the home's package of information does not meet the legislative requirements.</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(s):</p>

**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**

The Licensee did not post an explanation of the procedures to be followed in the case of an evacuation.

**Outcome**

Corrective action taken by the Licensee.

**3. 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. (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,
  - (iv) violent outbursts;
- (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 of annual testing of the emergency plan for emergencies related to loss of essential services, missing resident and violent outbursts.

**Outcome**

Corrective action taken by the Licensee.

**4. 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 subsection(s):

**43. (2)** The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

- 3. Risk of falling.
- 7. Risk of harm to self and to others.

**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**

The Licensee did not consider risk of falling or risk of harm to self or others in the initial assessment of residents care needs. Further, the Licensee did not complete a full assessment of all residents care needs as is required by the legislation.

**Outcome**

Corrective action taken by the Licensee.

**5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.  
The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.**

Specifically, the Licensee failed to comply with the following subsection(s):

**65. (2)** Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

(d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

**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**

Staff has not received training in the use of personal assistance services devices and the procedure for a person to complain to the Licensee.

**Outcome**

Corrective action scheduled to be completed by the Licensee by September 19, 2014.

**6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Contents.  
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):

**67. (5)** At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,

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

**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;
- (b) situations that may lead to abuse and neglect and how to avoid such situations.

**Inspection Finding**

The Licensee's policy to promote zero tolerance of abuse, specifically related to reporting to the Registrar of the Retirement Homes Regulatory Authority, did not align with the legislation. Further, the policy did not entail training and retraining requirements for staff.

**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 18, 2014
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