

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

Inspection Information	
Date of Inspection: June 12, 2014	Name of Inspector: Janet Evans
Inspection Type: Routine Inspection	
Licensee: Debbie Moore / 29 Albert Street, St. Jacobs, ON N0B 2N0 (the "Licensee")	
Retirement Home: Village Manor / 29 Albert Street, St. Jacobs, ON N0B 2N0 (the "home")	
Licence Number: T0242	

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 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 subsection:</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>(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> <p>s. 25. (2) The licensee shall ensure that the development of the emergency plan includes,</p> <p>(a) consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency;</p> <p>(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.</p>

(3) The licensee shall ensure that the emergency plan provides for the following:

1. Dealing with,
 - iii. violent outbursts,
 - iv. bomb threats,
 - v. medical emergencies,
 - vi. chemical spills
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.

Inspection Finding

The Licensee had evidence of a written emergency plan however the plan did not include the above elements as required.

Outcome

Corrective action required by the Licensee.
Warning Letter issued.

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. (1) Every licensee of a retirement home shall ensure that the infection prevention and control program required by paragraph 2 of subsection 60 (4) of the Act complies with the requirements in this section.

- (2) The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.
- (3) The licensee shall keep a written record of the consultation required under subsection (2) that shall include a record of when the consultation took place, what was discussed and any recommendations that the local medical officer of health or designate made.
- (4) 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.
- (5) The licensee of a retirement home shall ensure that,
 - (a) if an infectious disease outbreak occurs in the home, the outbreak is reported to the local medical officer of health or designate and the licensee defers to the officer or designate, as the case may be, for assistance and consultation as appropriate;
 - (b) if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted; and

(c) processes for meeting the requirements in clauses (a) and (b) are established and the processes are recorded in writing.

(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 Licensee's procedures related to infection prevention and control did not address the above elements.

Outcome

Corrective action required by the Licensee.

Warning Letter issued.

**3. 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. (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.

(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.

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.

(2) The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

1. Physical and mental health.
2. Functional capacity.
3. Cognitive ability.
4. Behavioural issues.
5. Need for care services.
6. Need for assistance with the activities of daily living.
7. The matters listed in subsection 43 (2).
8. Any other matter relevant to developing a plan of care for the resident.

<p>Inspection Finding</p> <p>There was evidence of initial assessments being completed, however they did not contain the above elements. There was no evidence of full assessments being completed by the home.</p>
<p>Outcome</p> <p>Corrective action required by the Licensee. Warning Letter issued.</p>
<p>4. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <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,</p> <ul style="list-style-type: none"> (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. <p>(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:</p> <ul style="list-style-type: none"> 3. Behaviour management. <p>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.</p>
<p>Inspection Finding</p> <p>The Licensee was unable to show 100% compliance with training as listed above.</p>
<p>Outcome</p> <p>Corrective action required by the Licensee. Warning Letter issued.</p>
<p>5. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedures for complaints to the licensee.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p>

s. 59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
 2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.
 3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.
 4. A response shall be made to the person who made the complaint, indicating,
 - i. what the licensee has done to resolve the complaint, or
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.
- (2) The licensee shall ensure that a written record is kept in the retirement home that includes,
- (a) the nature of each verbal or written complaint;
 - (b) the date that the complaint was received;
 - (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
 - (d) the final resolution, if any, of the complaint;
 - (e) every date on which any response was provided to the complainant and a description of the response; and
 - (f) any response made in turn by the complainant.
- (3) The licensee shall ensure that,
- (a) the written record is reviewed and analyzed for trends at least quarterly;
 - (b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home; and
 - (c) a written record is kept of each review and of the improvements made in response.
- (4) Subsections (2) and (3) do not apply with respect to verbal complaints that the licensee is able to resolve within 24 hours of the complaint being received.

Inspection Finding

The Licensee had evidence of a written complaints procedure but it did not fully align with the O. Reg. 166/11 s. 59 as above.

Outcome

Corrective action required by the Licensee.
Warning Letter issued.

6. 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.

- (2) If a resident of a retirement home falls in a common area of the home or while being assisted by the licensee or staff, the licensee shall ensure that,
- (a) there is a timely and appropriate response to the fall;
 - (b) corrective action is taken as necessary to prevent future harm to residents; and
 - (c) the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.
- (3) If a resident of a retirement home falls in the home in circumstances other than those described in subsection (2) and the licensee or a staff member becomes aware of the fall, the licensee shall ensure that the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.
- (4) Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

Inspection Finding

There was no evidence of any written strategies in place to reduce or mitigate the risk of falls.

Outcome

Corrective action required by the Licensee.
Warning Letter issued.

7. 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,
- (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 Licensee's written behaviour policy did not align with O. Reg. 166/11, s. 23 as listed above.

Outcome

Corrective action required by the Licensee.
Warning Letter issued.

8. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances. The Licensee failed to comply with O. Reg. 166/11, s. 31; Standards relating to the administration of drugs or other substances.

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

- 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.

s. 31. (1) 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 establish a medication management system, which includes written policies and procedures, to ensure that all drugs and other substances to be administered to residents of the home are acquired, received in the home, stored, dispensed, administered, destroyed and disposed of correctly as required by law and in accordance with prevailing practices.

Inspection Finding

There was no documented evidence that supervision of medication administration was being provided by a member of the Regulated Health professions Act, 1991. While the Licensee could show evidence that some of the staff had received training with respect to medication administration; however one UCP indicated that she had been trained on medication administration by another UCP and not the pharmacist. The Licensee's written medication management system did not include acquiring, receiving or destruction of medications.

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 September 19, 2014
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