

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

Inspection Information	
<b>Date of Inspection:</b> August 20, 2014	<b>Name of Inspector:</b> Rachelle Harber
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Bertram Place Retirement Living Centre Inc. / 21 Hatt Street, Dundas, ON L9H 2E9 (the "Licensee")	
<b>Retirement Home:</b> Bertram Place Retirement Living Centre / 21 Hatt Street, Dundas, ON L9H 2E9 (the "home")	
<b>Licence Number:</b> S0025	

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>(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>(s) information as to whether the retirement home has automatic sprinklers in each resident's room;</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 homes package of information does not contain the Licensee's policy to promote zero tolerance of abuse and neglect of residents, complaints procedure, external care provider statement, sprinkler information and information relating to night time staffing levels.</p>
<p><b>Outcome</b></p> <p>Corrective action taken by the Licensee.</p>

**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 subsection(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.

**Inspection Finding**

The Licensee did not enter into a written agreement with every resident of the home before the resident commences residency 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; Safety plans.  
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):

**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.

**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,  
(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**

The Licensee's emergency plan does not meet the prescribed requirements. There is no annual testing of the emergency plan related to loss of essential services and violent outbursts. Further, there is no written record of the testing of the emergency plan and changes made to improve the system.

**Outcome**

Corrective action taken by the Licensee.

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

1. Dealing with,
  - ii. community disasters,
  - iii. violent outbursts,
  - v. medical emergencies,
  - vi. chemical spills,
  - vii. situations involving a missing resident,

**Inspection Finding**

The Licensee's emergency plan does not contain all of the requirements as per the Regulation.

**Outcome**

Corrective action taken by the Licensee.

**5. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial 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:

2. Presence of infectious diseases.
3. Risk of falling.
7. Risk of harm to self and to others.

**Inspection Finding**

The initial assessment does not consider presence of infectious disease, risk of falling and risk of harm to self and others.

**Outcome**

Corrective action taken by the Licensee.

**6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.**  
**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going training.**  
**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.**  
**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,

- (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;

**65. (4)** The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

**65. (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.

**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**

All staff has not received the required training on Resident's Bill of Rights, zero tolerance of abuse and neglect, whistle-blowing protection, the use of personal assistance services devices (PASD) for residents and fire prevention and safety. Direct care staff has not received training on behavior management. Further, all staff has not received training on the complaints procedure.

**Outcome**

Corrective action scheduled to be completed by the Licensee by October 15, 2014.

**7. 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,

- (a) clearly set out what constitutes abuse and neglect;
- (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;

- (e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
- (f) set out the consequences for those who abuse or neglect residents;

**15. (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.

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

- (a) contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (b) contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
- (c) identify measures and strategies to prevent abuse and neglect;

**Inspection Finding**

The Licensee's written policy to promote zero tolerance of abuse and neglect of residents does not contain all of the requirements as per the Act and Regulation.

**Outcome**

Corrective action taken by the Licensee.

**8. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.**

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

- 4. A response shall be made to the person who made the complaint, indicating,
  - i. what the licensee has done to resolve the complaint,
  - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.
- 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.

**59. (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;

**Inspection Finding**

The Licensee's complaints procedures does not contain the requirements as per the Legislation. Further, the Licensee does not keep a written record of complaints in the home.

**Outcome**

Corrective action taken by the Licensee.

**9. 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**

The Licensee has not developed, documented and implemented strategies to reduce or mitigate the risk of falls in common areas of the home.

**Outcome**

Corrective action taken by the Licensee.

**10. 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;
- (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.

<p><b>Inspection Finding</b> The Licensee has not developed and implemented a written behavior management strategy.</p>
<p><b>Outcome</b> Corrective action taken by the Licensee.</p>
<p><b>11. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>29.</b> 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,</p> <p style="padding-left: 40px;">(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;</p>
<p><b>Inspection Finding</b> All staff administering a drug has not received training in the administration of a drug.</p>
<p><b>Outcome</b> Corrective action scheduled to be completed by the Licensee by September 19, 2014.</p>
<p><b>12. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>30.</b> If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,</p> <p style="padding-left: 40px;">(a) the drugs or other substances are stored in an area or a medication cart that,</p> <p style="padding-left: 80px;">(i) is used exclusively for drugs or other substances and for supplies related to drugs or other substances,</p> <p style="padding-left: 80px;">(ii) is locked and secure,</p> <p style="padding-left: 40px;">(b) controlled substances as defined in the Controlled Drugs and Substances Act (Canada) are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart;</p>
<p><b>Inspection Finding</b> Insulin is being stored in the staff room in an unlocked fridge with food. Controlled substances are not being stored in a separate, double locked stationary cupboard in the locked area.</p>

**Outcome**

Corrective action taken by the Licensee.

**13. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.**

Specifically, the Licensee failed to comply with the following subsection(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**

The Licensee's medication management system does not align with the Regulation.

**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 22, 2014
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