

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

Inspection Information	
Date of Inspection: September 3, 2014	Name of Inspector: Rachelle Harber
Inspection Type: Routine Inspection	
Licensee: Jah-Jireh Seniors Ministry Association / 4505 30 Road, Beamsville, ON L0R 1B3 (the "Licensee")	
Retirement Home: Jah-Jireh Seniors Ministry Association / 4505 30 Road, Beamsville, ON L0R 1B3 (the "home")	
Licence Number: S0208	

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>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>54. (2) The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> (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); (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; (s) information as to whether the retirement home has automatic sprinklers in each resident's room;
<p>Inspection Finding</p> <p>The home's package of information does not contain the licensee's policy to promote zero tolerance of abuse and neglect of residents, complaints procedure, prices of the different types of accommodation and care services provided, external care provider statement and automatic sprinkler information.</p>
<p>Outcome</p> <p>Corrective action scheduled to be completed by the Licensee by October 10, 2014</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

There was a lack of evidence to support that the licensee entered 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 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,
- (iii) medical emergencies,
- (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 annual testing of the emergency plan including a record of the testing of the emergency plan.

Outcome

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

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,
 - iii. violent outbursts,

- iv. bomb threats,
- v. medical emergencies,
- vi. chemical spills,
- vii. situations involving a missing resident,

25. (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

The homes emergency plan does not contain all of the requirements as per the Regulation. Further, there is no evidence to support that the plan is evaluated and updated annually.

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

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

- 4. Behavioural issues.
- 7. The matters listed in subsection 43 (2).

Inspection Finding

The initial assessment does not consider the presence of infectious disease, risk of falling and risk of harm to self and others. The full assessment does not consider behavior issues and all matters listed in the initial assessment.

Outcome

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

- 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; Additional training for direct care staff.**

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;
- (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. (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

Staff has not received training on Residents' Bill of Rights, whistle-blowing protection and the use of personal assistance services devices (PASD). Direct care staff has not received training on behavior management.

Outcome

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

- (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.

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;
- (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,
 - (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,
 - (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 homes written policy to promote zero tolerance of abuse and neglect of residents does not align with the Act and the Regulation.

Outcome

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

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:

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.

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

(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 home's complaints procedure does not align with the Regulation.

Outcome
Corrective action scheduled to be completed by the Licensee by October 1, 2014

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

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

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.

Inspection Finding
The licensee has not developed and implemented a written behavior management strategy.

<p>Outcome Corrective action scheduled to be completed by the Licensee by October 31, 2014</p>
<p>11. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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,</p> <ul style="list-style-type: none"> (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; (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, <ul style="list-style-type: none"> (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene, (ii) the safe disposal of syringes and other sharps, (iii) recognizing an adverse drug reaction and taking appropriate action;
<p>Inspection Finding There was no evidence that staff administering a drug has received training in the administration of a drug. Further, staff has not received the required training.</p>
<p>Outcome Corrective action required by the Licensee</p>
<p>12. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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,</p> <ul style="list-style-type: none"> (a) the drugs or other substances are stored in an area or a medication cart that, <ul style="list-style-type: none"> (ii) is locked and secure, (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>Inspection Finding Drugs are not being stored in a medication cart that is locked and secured. Controlled substances are not being stored in a separate locked area within the medication cart.</p>


<p>Outcome Corrective action taken by the Licensee.</p>
<p>13. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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.</p>
<p>Inspection Finding The licensee's medication management policy does not align with the Regulation.</p>
<p>Outcome Corrective action scheduled to be completed by the Licensee by October 31, 2014</p>

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 October 8, 2014
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