

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

Inspection Information	
Date of Inspection: July 7, 2014	Name of Inspector: Ed Lum
Inspection Type: Routine Inspection	
Licensee: 1612714 Ontario Inc. / 307 King Street, Hamilton, ON L8N 1C1 (the "Licensee")	
Retirement Home: Cathmar Manor / 236 Catherine Street, Hamilton, ON L8L 4S6 (the "home")	
Licence Number: S0159	

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. 53; Agreement required.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>53. (1)</u> 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.</p>
<p>Inspection Finding</p> <p>A review of three resident's files revealed that a resident had not entered into a written agreement before he commenced residency in the home.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>2. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>24. (5)</u> 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, (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.</p>
<p>Inspection Finding Inspection confirmed that there is no annual testing of the emergency plan and no written record of the testing.</p>
<p>Outcome Corrective action scheduled to be completed by the Licensee by November 30, 2014.</p>
<p>3. 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(s):</p> <p>25. (2) The licensee shall ensure that the development of the emergency plan includes, (a) consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency; (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> <p>25. (3) The licensee shall ensure that the emergency plan provides for the following: 2. Evacuation of the retirement home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency. 4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency.</p> <p>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.</p>
<p>Inspection Finding The Licensee’s emergency plan does not include the listed prescribed requirements and has not been evaluated and updated annually.</p>
<p>Outcome Corrective action taken by the Licensee.</p>
<p>4. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p>

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

27. (7) The licensee of a retirement home shall ensure that waterless, alcohol-based hand sanitizer or another form of hand sanitation that provides equivalent protection against infectious disease transmission is available for use by residents and staff in communal resident areas and in staff work areas.

Inspection Finding

The Licensee does not have hand sanitizers available for use by residents and staff in communal resident areas.

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 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;
- (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;
- (f) fire prevention and safety;

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

A staff member was hired on May 23, 2014 as a PSW/cleaner. On day of inspection, this staff had yet to receive the required training. All staff has not received training in the Residents’ Bill of Rights. Further, direct care staff has not received training on behaviour management.

Outcome

Corrective action scheduled to be completed by the Licensee by September 25, 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.

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,
(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 Licensee's written policy to promote zero tolerance of abuse and neglect of residents does not include the listed prescribed requirements.

Outcome

Corrective action taken by the Licensee.

7. 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.
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,
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

Inspection Finding

The Licensee's written complaints procedure does not include the prescribed requirements.

Outcome

Corrective action taken by the Licensee.

8. 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,

- (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;

<p>(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>
<p>Inspection Finding The Licensee’s written behaviour management strategy does not include the prescribed requirements.</p>
<p>Outcome Corrective action taken by the Licensee.</p>
<p>9. 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> <p>(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>(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,</p> <p>(i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,</p> <p>(ii) the safe disposal of syringes and other sharps,</p> <p>(iii) recognizing an adverse drug reaction and taking appropriate action;</p>
<p>Inspection Finding The Administrator provided evidence that 5 of 8 staff members that administers a drug to residents has received the required training.</p>
<p>Outcome Corrective action scheduled to be completed by the Licensee by September 30, 2014.</p>
<p>10. The Licensee failed to comply with O. Reg. 166/11, s. 57; Trust for resident's money.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>57. (2) For the purposes of section 72 of the Act, if money is entrusted to the care of a licensee of a retirement home on behalf of residents of the home, the licensee shall establish and maintain at least one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee’s care on behalf of the residents.</p>
<p>Inspection Finding</p>

The Licensee holds money for 21 residents and has not established and maintained a trust account at a financial institution.

Outcome


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

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 9, 2014
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