

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

Inspection Information	
Date of Inspection: September 24, 2014	Name of Inspector: Debbie Rydall
Inspection Type: Routine Inspection	
Licensee: Grace-Carman Sr. Citizen's Home Inc. / 180 Sheridan Avenue, Toronto, ON M6K 3C7 (the "Licensee")	
Retirement Home: Bill McMurray Residence / 180 Sheridan Avenue, Toronto, ON M6K 3C7 (the "home")	
Licence Number: T0189	

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;
<p>Inspection Finding</p> <p>The home provides an information package to new residents; however it is not aligned with the requirements of the legislation.</p>
<p>Outcome</p> <p>Corrective action scheduled to be completed by the Licensee by December 1, 2014.</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>24. (5) The licensee shall,</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,
 - (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 evidence provided to support that the home has tested their emergency plan as is required by the legislation.

Outcome

Corrective action scheduled to be completed by the Licensee by December 1, 2014.

3. 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,
 - v. medical emergencies,
 - vii. situations involving a missing resident,
- 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.
- 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.

25. (4) The licensee shall ensure that the emergency plan addresses the following components:

- 1. Plan activation.
- 2. Lines of authority.
- 3. Communications plan.

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 home has an emergency plan in place; however the plan is not aligned with the requirements of the legislation.

Outcome

Corrective action scheduled to be completed by the Licensee by November 25, 2014.

- 4. 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. 27; Infection prevention and control program.**

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:
2. An infection prevention and control program that meets the prescribed requirements.

27. (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.

Inspection Finding

The home has an infection control policy in place; however it is not aligned with the requirements of the legislation.

Outcome

Corrective action scheduled to be completed by the Licensee by December 20, 2014.

- 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. (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.

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

1. Continence.
2. Presence of infectious diseases.
3. Risk of falling.
4. Known allergies.
5. Dietary needs including known food restrictions.
6. Cognitive ability.
7. Risk of harm to self and to others.

8. Risk of wandering.
9. Needs related to drugs and other substances.

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.

44. (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.

Inspection Finding

The home has not completed the required initial and full assessment of care needs as is required by the legislation.

Outcome

Corrective action scheduled to be completed by the Licensee by November 20, 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,
- (a) clearly set out what constitutes abuse and neglect;
 - (b) provide that abuse and neglect are not to be tolerated;
 - (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;
 - (g) comply with the prescribed requirements, if any, respecting the matters described in clauses (a) to (f);
 - (h) deal with the additional matters, if any, that are prescribed.

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. (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;
- (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;
- (f) provide that the licensee of the retirement home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence;
- (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.

<p>Inspection Finding</p> <p>The home has a No Violence Policy and Protection Against Abuse and Neglect policy in place; however the policy is not aligned with the legislative requirements as set out by the Retirement Homes Act, 2010 and Ontario Regulation 166/11.</p>
<p>Outcome</p> <p>Corrective action scheduled to be completed by November 25, 2014 by the Licensee.</p>
<p>7. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Procedure for complaints to licensee.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>73. (1)</u> Every licensee of a retirement home shall ensure that there is a written procedure for a person to complain to the licensee about the operation of the home and for the way in which the licensee is required to deal with complaints.</p> <p><u>59. (2)</u> The licensee shall ensure that a written record is kept in the retirement home that includes,</p> <ul style="list-style-type: none"> (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; (f) any response made in turn by the complainant.
<p>Inspection Finding</p> <p>The home has a complaints procedure in place; however it is not aligned with the requirements of the legislation. There is no written record or log in place as is required by the legislation.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>8. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>22. (1)</u> 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.</p>

Inspection Finding

There is evidence to support that falls are documented in a log; however there is no documented strategy in place to reduce or mitigate the risk of falls in common areas of the home as is required by the legislation.

Outcome

Corrective action taken by the Licensee.

9. 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;
- (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

There is a behaviour management policy in place; however it is not aligned with the legislative requirements.

Outcome


Corrective action scheduled to be completed by the Licensee by December 16, 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 20, 2014
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