RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: September 17, 2014	**Name of Inspector:** Heather Buchanan
Inspection Type: Routine Inspection	
Licensee: 2175926 Ontario Inc. / 19 Larner Drive, Ajax, ON L1T 2V1 (the "Licensee")	
Retirement Home: LaCole Manor / 167 St. Lawrence Street , Madoc, ON K0K 2K0 (the "home")	
Licence Number: N0244	

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
1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents. Specifically, the Licensee failed to comply with the following subsection(s): **54. (2)** The package of information shall include, at a minimum, (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices; (s) information as to whether the retirement home has automatic sprinklers in each resident's room; (t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;
Inspection Finding The Information Package did not contain the contact information for the RHRA in the policy to promote zero tolerance of abuse and neglect, information as to whether the retirement home has automatic sprinklers in each resident's room, or information with respect to qualifications of staff. The Information Package states that the home has call bells, which it does not.
Outcome Corrective action required by the Licensee.
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 were no tenancy agreements onsite. A Demand for Production failed to have agreements provided to the Inspector.

Outcome

Corrective action required by the Licensee.

3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 55; Posting information.
The Licensee failed to comply with O. Reg. 166/11, s. 11; Posted information.

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

55. (2) Every licensee of a retirement home shall ensure that the following information is posted in the home in a conspicuous and easily accessible location and in a manner that complies with the prescribed requirements, if any:

2. The licensee's licence for the home.
3. An explanation of the measures to be taken in case of fire.

11. (1) For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:

3. An explanation of the procedures to be followed in the case of an evacuation.

Inspection Finding

The licensee's licence for the home and an explanation of the measures to be taken in the case of fire were not posted. An explanation of the procedures to be followed in the case of an evacuation was not posted on the second or third floors of the home.

Outcome

Corrective action required by the Licensee.

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. 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. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

Inspection Finding

The home does not have an emergency plan that responds to emergencies in the home or community in which the home is located. A Demand for Production failed to have this information provided to the Inspector. There are no current arrangements with community agencies or partner facilities who would be involved in response to an emergency.

Outcome

Corrective action required by the Licensee.

5. 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. (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.

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

1. Dealing with,
   - i. fires,
   - ii. community disasters,
   - iii. violent outbursts,
   - iv. bomb threats,
   - v. medical emergencies,
   - vi. chemical spills,
   - vii. situations involving a missing resident,
   - viii. loss of one or more essential services.

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.

4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency.

Inspection Finding

There have been no consultations with community agencies, partner facilities, or resources who would be involved in response to an emergency. There has been no identification of hazards and risks which may give rise to an emergency affecting the home. There is no emergency plan in the home to deal with fires, community disasters, violent outbursts, bomb threats, medical emergencies, chemical spills, and situations involving a missing resident or loss of one or more essential services. There is no system in place to account for the whereabouts of all residents in the event of an evacuation; no resources, supplies or equipment set aside and readily available to use in the event of an emergency; and no identification of community agencies, partner facilities, or resources that would be involved in responding to an emergency.

Outcome

Corrective action required by the Licensee.

6. 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. (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;

(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

There is no infection prevention and control program in place. There is no evidence that the Licensee has provided staff training with respect to hand hygiene and preventing cross contamination or reporting, providing surveillance of and documenting incidents of infectious illness.

Outcome

Corrective action required by the Licensee.

7. 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:

1. Continence.
2. Presence of infectious diseases.
3. Risk of falling.
5. Dietary needs including known food restrictions.
7. Risk of harm to self and to others.
8. Risk of wandering.

Inspection Finding

The initial assessment does not contain information with respect to continence, the presence of infectious diseases, risk of falling, dietary needs including known food restrictions, risk of harm to self and to others, or risk of wandering.

Outcome

Corrective action required by the Licensee.

8. 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):

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 Licensee does not conduct full assessments of care needs for residents of the home.

Outcome

Corrective action required by the Licensee.

9. 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.

The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.

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):

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.

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.

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.

Inspection Finding

There is no evidence that staff training has been conducted with respect to the Licensee's complaints procedure, the Residents' Bill of Rights, the Licensee's policy to promote zero tolerance of abuse and neglect of residents, whistle-blowing protection, the Licensee's policy on personal assistance services devices for residents, fire prevention and safety, behaviour management, power imbalances between staff and residents and potential for abuse and neglect, and situations that may lead to abuse and neglect and how to avoid them.

Outcome

Corrective action required by the Licensee.

10. 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. (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,

(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,

Inspection Finding

The written policy to promote zero tolerance of abuse and neglect does not contain a clear explanation of the duty to report to the Registrar the matters contained under Section 75 of the Retirement Homes Act. There is no contact information for the RHRA provided. The policy does not contain clear procedures for investigating and responding to abuse and neglect of residents. It provides that the Ministry of Health be advised of any serious occurrence (this process is applicable to Long-term Care Homes only) and does not include the RHRA. The policy does not provide for immediate notification of a resident's substitute decision-maker or other specified person with respect to an incident of abuse or neglect of a resident which has resulted in physical injury, pain or distress detrimental to a resident's health or well-being, notification of a resident's substitute decision-maker or other specified person within 12 hours of becoming aware of

any incident of abuse or neglect of a resident, notification of a resident or resident's substitute decision-maker of the results of the investigation immediately upon completion. The policy does not provide that an analysis of every incident of abuse or neglect is promptly undertaken by the Licensee or for an annual evaluation of the policy's effectiveness.

Outcome
Corrective action required by the Licensee.

11. 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. (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;
(f) any response made in turn by the complainant.

Inspection Finding
There are no written records of complaints kept in the home.

Outcome
Corrective action has been taken by the Licensee.

12. 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
Strategies to reduce or mitigate the risk of falls have not been developed, documented, or implemented in the home. A Demand for Production failed to have this information provided to the Inspector.

Outcome
Corrective action required by the Licensee.

13. 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

A behaviour management strategy has not been developed or implemented in the home. A Demand for Production failed to have this information provided to the Inspector.

Outcome

Corrective action required by the Licensee.

14. The Licensee failed to comply with O. Reg. 166/11, s. 29; 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,

(iii) recognizing an adverse drug reaction and taking appropriate action;

Inspection Finding

There is no evidence that staff who administer drugs or other substances in the home have been trained in the procedures applicable to the administration of a drug, ways of reducing infectious diseases, safe

disposal of syringes and sharps, and recognizing adverse drug reactions. There is no evidence that a Member of a College supervises administration of a drug or other substance.

Outcome
Corrective action required by the Licensee.

15. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances. 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):

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,

(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;

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
Medication, including narcotics and controlled substances, are kept in a single-locked cabinet and are not double locked. The medication management policies and procedures do not contain information with respect to the storage of narcotics and controlled substances. There are no procedures with respect to acquiring, receiving, dispensing, destroying or disposing of medications.

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

16. The Licensee failed to comply with O. Reg. 166/11, s. 57; Trust for resident's money.

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

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.

Inspection Finding

The home keeps money in trust for residents in envelopes in a cash box locked in a cupboard. There is no bank account established for trust accounts.
Outcome Corrective action scheduled to be completed by the Licensee by November 1, 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
	November 4, 2014