

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

Inspection Information	
Date of Inspection: September 23, 2014	Name of Inspector: Georges Gauthier
Inspection Type: Routine Inspection	
Licensee: 147 Elder Street Inc. / 1 Gardenia Crescent, Toronto, ON M2M 4G2 (the "Licensee")	
Retirement Home: 147 Elder Street Inc. / 147 Elder Street, Toronto, ON M3H 5G9 (the "home")	
Licence Number: T0179	

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><u>54. (2)</u> 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;
<p>Inspection Finding</p> <p>The package of information for residents did not include the listed requirements.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>2. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

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:

1. The Residents' Bill of Rights.

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:

1. Contact information for the Authority.
3. An explanation of the procedures to be followed in the case of an evacuation.
4. Information about reporting to the Registrar matters relating to the care and safety of the residents of the home that is on a sign that the Registrar provides or that is in a form that the Registrar approves.

Inspection Finding

The Residents' Bill of Rights was not posted in an easily accessible location. Further, the RHRA contact information and procedures to follow in the event of an evacuation were not posted. Furthermore, the Licensee did not post information about reporting to the Registrar matters relating to the care and safety of the residents of the home that is on a sign that the Registrar provides or that is in a form that the Registrar approves.

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 evidence of any testing of the emergency plan, including arrangements with community agencies, partner facilities and resources that would be involved in responding to an emergency related to loss of essential services, a missing resident, medical emergencies, or violent outbursts. Further, there was no written record of testing or changes made to improve the system.

Outcome

Corrective action scheduled to be completed by the Licensee by November 30, 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. (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,
 - iii. violent outbursts,
 - iv. bomb threats,
 - v. medical emergencies,
 - vi. chemical spills,

Inspection Finding

There was no evidence that the development of the emergency plan included consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency. Further, there was no evidence that the development of the emergency plan included the 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. Furthermore, the emergency plan did not provide for violent outbursts, bomb threats, medical emergencies, or chemical spills.

Outcome

Corrective action taken 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. (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.

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.

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

1. Plan activation.
2. Lines of authority.
3. Communications plan.
4. Specific staff roles and responsibilities.

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 plan did not provide for an evacuation on the 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. Further, the Licensee did not ensure that flashlights that were set aside for an emergency response were regularly tested and in working order as only three of 12 flashlights were in working order. Furthermore, the plan did not identify the community agencies, partner facilities, and resources that will be involved in responding to an emergency. Additionally, the plan did not address plan activation, lines of authority, communications plan, or staff roles and responsibilities. Further, there was no evidence the emergency plan was evaluated and updated annually.

Outcome

Corrective action taken by the Licensee.

6. 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):

27. (5) The licensee of a retirement home shall ensure that,

- (b) if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted;

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

The written surveillance protocol did not state that if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted. Further, there was no evidence that all staff had received training in the need for and method of maintaining proper hand hygiene and methods of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items. Furthermore, there was no evidence that all staff had received training in and the need for the process of reporting, providing surveillance of, and documenting incidents of infectious illness.

Outcome

Corrective action taken by the Licensee.

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

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

Inspection Finding

The full assessment did not consider all the prescribed requirements.

Outcome

Corrective action taken by the Licensee.

**8. 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

There was no evidence to show that all staff received training in the listed matters. Further, there was no evidence to show that all staff who provide care services to residents received training in behaviour management.

Outcome

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

- 9. 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;
(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.

(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;

Inspection Finding

The abuse policy did not contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section. Further, the program for preventing abuse and neglect did not entail training and retraining requirements for all staff of the retirement home on situations that may lead to abuse and neglect and how to avoid such situations. Furthermore, the program for preventing abuse and neglect did not entail training and retraining requirements for all staff of the retirement home 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. In addition, the abuse policy did not contain the listed prescribed requirements.

Outcome

Corrective action taken by the Licensee.

10. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Procedure for complaints to licensee.
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):

73. (1) 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.

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

There was no 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. Further, there was no evidence of a written record of complaints that complied with the prescribed requirements.

Outcome

Corrective action taken by the Licensee.

11. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.

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

20. (4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

Inspection Finding

The Licensee did not ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

Outcome

Corrective action taken by the Licensee.

12. 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,

- (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 written behaviour management strategy did not include strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home. Further, the written

behaviour management strategy did not have 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.

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 November 7, 2014
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