

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

Inspection Information	
<b>Date of Inspection:</b> September 30, 2014	<b>Name of Inspector:</b> Georges Gauthier
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Estonian Relief Committee in Canada / 40 Old Kingston Road, Scarborough, ON M1E 3J5 (the "Licensee")	
<b>Retirement Home:</b> Ehatare Retirement Home / 40 Old Kingston Road, Scarborough, ON M1J 3J5 (the "home")	
<b>Licence Number:</b> T0197	

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><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>54. (2)</b> The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> <li>(c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</li> <li>(d) the licensee's procedure for complaints mentioned in subsection 73 (1);</li> <li>(k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices;</li> <li>(l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers;</li> <li>(s) information as to whether the retirement home has automatic sprinklers in each resident's room;</li> <li>(t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;</li> </ul>
<p><b>Inspection Finding</b></p> <p>The resident information package did not include listed contents.</p>
<p><b>Outcome</b></p> <p>Corrective action scheduled to be completed by the Licensee by January 1, 2015.</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**

The Licensee did not enter into a written agreement with every resident of the home before the resident commenced residency in the home.

**Outcome**

Corrective action taken by the Licensee.

**3. 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):

**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 of the retirement home did not ensure that an explanation of the procedures to be followed in the case of an evacuation was posted.

**Outcome**

Corrective action scheduled to be completed by the Licensee by November 14, 2014.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.  
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):

**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;

**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.

**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 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. Furthermore, 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.

**Outcome**

Corrective action scheduled to be completed by the Licensee by February 6, 2015.

**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:

- 1. Dealing with,
  - iii. violent outbursts,
  - v. medical emergencies,
- 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. (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 emergency plan did not provide for violent outbursts or medical emergencies. Further, the evacuation plan did not include 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. Furthermore, the emergency plan did not provide for 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. Furthermore, the emergency plan did not provide for the identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency. In addition, the emergency plan was not evaluated and updated annually.

**Outcome**

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

**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. (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 was no evidence that all staff had received training in preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items. Further, 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 scheduled to be completed by the Licensee by November 28, 2014.

**7. 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.
  - 7. Risk of harm to self and to others.

8. Risk of wandering.

**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.

**Inspection Finding**

The initial assessment did not consider risk of falling, risk of harm to self and others, and risk of wandering. Further, there was no evidence that the full assessment of care needs of residents were conducted within 14 days after commencing residency as the full assessments were not dated.

**Outcome**

Corrective action scheduled to be completed by the Licensee by November 28, 2014.

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

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;

**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.

**Inspection Finding**

There was no evidence that all staff who worked in the home received training in the procedure described in subsection 73 (1) of the Act for a person to complain to the Licensee. Further, there was no evidence to

show that all staff received training in the listed matters. Furthermore, 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 February 28, 2015.

**9. 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.

**Inspection Finding**

The complaint procedure did not state that if the complaint alleges harm or risk of harm to one or more residents, an investigation shall be commenced immediately.

**Outcome**

Corrective action scheduled to be completed by the Licensee by November 30, 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 written behaviour management strategy did not contain the prescribed requirements.

**Outcome**


Corrective action scheduled to be completed by the Licensee by January 30, 2015.

**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 11, 2014
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