RHRA Retirement Homes Regulatory Authority

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

| **Inspection Information** | |
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| **Date of Inspection:** October 1, 2014 | **Name of Inspector:** Susan Lines |
| **Inspection Type:** Mandatory Reporting Inspection | |
| **Licensee:** 480 Metcalfe Street (Ottawa) LP / 36 Toronto Street, Toronto, ON M5C 2C5 (the "Licensee") | |
| **Retirement Home:** The Palisades Retirement Residence / 480 Metcalfe Street, Ottawa, ON K1S 3N6 (the "home") | |
| **Licence Number:** N0191 | |

| **Purpose of Inspection** |
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| The RHRA received a report under section 75(1) 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. 62; Contents of plan.**
**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Assessment of resident.**
**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Compliance with plan.**
**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Documentation.**
**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.**

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

**62. (4)** The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

(b) the planned care services for the resident that the licensee will provide, including,

(i) the details of the services,

(ii) the goals that the services are intended to achieve,

(iii) clear directions to the licensee's staff who provide direct care to the resident;

(a) the care services that are part of a package of care services that the resident is entitled to receive under the resident's agreement with the licensee, whether or not the resident receives the services;

**62. (6)** The licensee shall ensure that the plan of care is based on an assessment of the resident and the needs and preferences of the resident.

**62. (10)** The licensee shall ensure that the care services that the licensee provides to the resident are set out in the plan of care and are provided to the resident in accordance with the plan and the prescribed requirements, if any.

**62. (11)** The licensee shall ensure that the following are documented in accordance with the regulations, if any:

1. The provision of the care services set out in the plan of care.
2. The outcomes of the care services set out in the plan of care.
3. The effectiveness of the plan of care.

**62. (12)** The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,

(a) a goal in the plan is met;

(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

(c) the care services set out in the plan have not been effective.

**Inspection Finding**

A resident experienced a decline in her health condition prior to her hospitalization on September 30, 2014. There was clear evidence that the Licensee failed to ensure that the home re-assessed the resident when her condition changed during August and September 2014 and update her plan of care accordingly. The resident's plan of care did not include clear goals and directions to the licensee's staff that provided direct care to the resident in order to ensure that the resident's needs were met appropriately.

**Outcome**

Corrective action taken by the Licensee.

**2. 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**

The Licensee failed to ensure that the home fully implemented its Fall Management Program when a resident fell on August 3 and 28, 2014.

**Outcome**

Corrective action taken by the Licensee.

**3. The Licensee failed to comply with O. Reg. 166/11, s. 36; Continence care.**

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

**36. (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 continence care, the licensee shall establish a continence care program that includes,

(a) measures to promote continence;

(b) measures to prevent constipation, including nutrition and hydration protocols;

(c) toileting programs;

(d) strategies to maximize the resident's independence, comfort and dignity, including the use of equipment, supplies, devices and assistive aids.

**36. (2)** If, as part of the continence care program, a licensee provides continence care products to a resident, the licensee shall,

(a) provide products that,

(i) are based on the resident's individually assessed needs,

(ii) properly fit the resident,

(iii) promote the resident's comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible,

(v) are appropriate for the time of day, and for the individual resident's type of incontinence;

(b) evaluate the resident's satisfaction with the products at least annually in consultation with the resident, the resident's substitute decision-makers, if any, and the staff who provide care services to the resident, and consider the evaluation when purchasing products.

**Inspection Finding**

There was no evidence that the home had implemented its Continence Care Program with regard to a resident prior to October 15, 2014. The home's Continence Care Program did not meet the requirements.

**Outcome**

Corrective action taken by the Licensee.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 40; Provision of a meal.**

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

**40.** 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 provision of a meal, the licensee shall ensure that,

(i) food service workers and staff assisting the resident are aware of the resident's diet, special needs and preferences;

**Inspection Finding**

There was no evidence that the home had followed its policies with regard to notifying the kitchen and dietary staff of revisions to a resident's diet following her swallowing assessment on 2014/02/03. Care staff documented ongoing concern in the PSW Progress Notes from September 1 to 23, 2014, about gravy not being provided to soften the resident's food. Consequently there was no evidence that food service workers were aware of the resident's diet and special needs.

**Outcome**

Corrective action scheduled to be completed by the Licensee by December 15, 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 |
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|  | November 14, 2014 |