

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

Inspection Information	
Date of Inspection: October 9, 2014	Name of Inspector: Janet Evans
Inspection Type: Routine Inspection	
Licensee: Tri-County Mennonite Homes / 200 Boullee Street, New Hamburg, ON N3A 2K4 (the "Licensee")	
Retirement Home: Greenwood Court / 90 Greenwood Drive, Stratford, ON N5A 7W5 (the "home")	
Licence Number: S0094	

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. 60; Safety standards. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>60. (3)</u> Every licensee of a retirement home shall comply with all prescribed safety standards for the home, including standards with respect to fire, safety and public health requirements and emergency evacuation plans.</p> <p><u>24. (5)</u> The licensee shall,</p> <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,</p> <p>(iv) violent outbursts;</p> <p><u>25. (2)</u> The licensee shall ensure that the development of the emergency plan includes,</p> <p>(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.</p>
<p>Inspection Finding</p> <p>The Licensee had evidence of a written safety plan. The Licensee did not show evidence of completing a fire drill with staff every month as per their safety plan. At the time of the inspection the Licensee had not</p>

tested their plan with respect to violent outbursts; nor had they completed an identification of hazards and risks that may give rise to an emergency affecting the home and strategies to address those hazards.

Outcome

Corrective action scheduled to be completed by the Licensee on December 2, 2014.

2. 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:

- 9. Needs related to drugs and other substances.
- 2. Presence of infectious diseases.
- 7. Risk of harm to self and to others.
- 8. Risk of wandering.
- 5. Dietary needs including known food restrictions.

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 Licensee completed both initial and full assessments. Assessments that were reviewed were noted to have blanks left with respect to some of the required elements as listed.

Outcome

Corrective action taken by the Licensee.

3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; 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,

- (d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

Inspection Finding

There was no evidence that staff received training on the Licensee's policy regarding the use of PASD's prior to working at the home.

Outcome

Corrective action taken by the Licensee.

4. 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):

- 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;

Inspection Finding

A written policy of Zero tolerance of abuse and neglect was noted however it did not address information related to training on the relationship between power imbalances between staff and residents.

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 14, 2014
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