

FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

Inspection Information

Inspection Type: Routine Inspection

Licensee: Eldercare Equities Inc. / 6257 Main Street, Stouffville, ON L4A 4J3 (the "Licensee")

Retirement Home: Buckingham Manor / 6257 Main Street, Stouffville, ON L4A 4J3 (the "home")

Licence Number: T0154

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

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

Inspection Finding

The home has an emergency plan in place; however it is not aligned with all of the requirements of the legislation. There was no evidence provided to support that the home had completed the required annual testing of their emergency plan.

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Outcome

Corrective action scheduled to be completed by the Licensee by November 27, 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. (1)** Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.
- **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.
 - 4. Known allergies.
 - 5. Dietary needs including known food restrictions.
 - 6. Cognitive ability.
 - 7. Risk of harm to self and to others.
 - 8. Risk of wandering.
 - 9. Needs related to drugs and other substances.
- **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

There was no evidence to support that the home completes the initial and full assessment of care needs as is required by the legislation.

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Outcome

Corrective action taken by the Licensee.

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

- <u>65. (2)</u> 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;
- <u>14. (1)</u> 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 documented evidence to support that the two most recent staff hires had received all of the required training prior to working in the home. There was no evidence to support that all staff has received all of the required annual training as per the legislation.

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. (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,
 - (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;

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Inspection Finding

The home has a prevention of abuse and neglect policy in place; however it is not completely aligned with the requirements of the legislation.

Outcome

Corrective action taken by the Licensee.

5. 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):

- <u>29.</u> 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,
 - (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 was no documented evidence provided to support that staff had received training in ways to reduce infectious diseases, safe disposal of syringes and other sharps or in recognizing and responding to an adverse drug reaction as is required by the legislation.

Outcome

Corrective action scheduled to be completed by the Licensee by December 11, 2014.

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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
Affolal	November 17, 2014

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