

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

Inspection Information	
<b>Date of Inspection:</b> October 17, 2014	<b>Name of Inspector:</b> Debbie Rydall
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 767948 Ontario Limited / 40 Toronto Street, Bradford, ON L3Z 1N6 (the "Licensee")	
<b>Retirement Home:</b> The LeBlanc Rest Home / 40 Toronto Street, Bradford, ON L3Z 1N6 (the "home")	
<b>Licence Number:</b> T0114	

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><u>54. (2)</u></b> The package of information shall include, at a minimum, (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</p>
<p><b>Inspection Finding</b></p> <p>The home has developed an information package; however the package of information does not include the licensee's policy to promote zero tolerance of abuse and neglect of residents as is required by the legislation.</p>
<p><b>Outcome</b></p> <p>Corrective action taken by the Licensee.</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b><u>24. (4)</u></b> The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.</p> <p><b><u>24. (5)</u></b> The licensee shall,</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,

- (i) the loss of essential services,
- (ii) situations involving a missing resident,
- (iii) medical emergencies,
- (iv) violent outbursts;

**Inspection Finding**

There was no documented evidence provided to support that the home has arrangements in place with community partners that would be involved in responding to an emergency. The home has not completed the testing of their emergency plan as is required by the legislation.

**Outcome**

Corrective action required by the Licensee.

**3. 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:

- 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.
- 4. Specific staff roles and responsibilities.

**Inspection Finding**

The Licensee has developed an emergency plan for their home; however the plan is not aligned with the requirements as set out by the legislation.

**Outcome**

Corrective action required by the Licensee.

**4. 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:

1. Physical and mental health.
3. Cognitive ability.
7. The matters listed in subsection 43 (2).

**Inspection Finding**

There is evidence to support that the home completes the required assessments; however the full assessment is not aligned with the requirements of the legislation.

**Outcome**

Corrective action taken by the Licensee.

**5. 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):

**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;
- (e) injury prevention;
- (f) fire prevention and safety;
- (g) the licensee’s emergency evacuation plan for the home mentioned in subsection 60 (3);
- (h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);
- (i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person’s duties;
- (j) all other prescribed matters.

**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**

The operator confirmed that staff do not receive the required mandatory training prior to starting work in the home.

<p><b>Outcome</b> Corrective action taken by the Licensee.</p>
<p><b>6. The Licensee failed to comply with O. Reg. 166/11, s. 15; Policy of zero tolerance of abuse and neglect.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>15. (1)</b> 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,</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(b) situations that may lead to abuse and neglect and how to avoid such situations.</li> </ul> <p><b>15. (3)</b> The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,</p> <ul style="list-style-type: none"> <li>(a) contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;</li> </ul>
<p><b>Inspection Finding</b> The home has developed a policy to promote zero tolerance of abuse and neglect; however the policy is not completely aligned with the requirements of the legislation.</p>
<p><b>Outcome</b> Corrective action required by the Licensee.</p>
<p><b>7. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>23. (1)</b> Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> <li>(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;</li> <li>(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.</li> </ul>
<p><b>Inspection Finding</b> The behaviour management strategy is not completely aligned with the requirements of the legislation.</p>
<p><b>Outcome</b> Corrective action required by the Licensee.</p>

- 8. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.  
The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.  
The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

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

- 29.** 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;
  - (c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug;

- 31. (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 the administration of a drug or other substance, the licensee shall establish a medication management system, which includes written policies and procedures, to ensure that all drugs and other substances to be administered to residents of the home are acquired, received in the home, stored, dispensed, administered, destroyed and disposed of correctly as required by law and in accordance with prevailing practices.

- 32.** If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,
- (b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991;

**Inspection Finding**

The home has developed a medication management policy; however the policy is not aligned with all of the requirements of the legislation and written records of prescriptions are not kept on file in the home. Staff have not received the required training as per the legislation.

**Outcome**

Corrective action required by the Licensee.

- 9. 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**

Although staff had signed that they had read the home's infection control policies; there was no documented evidence to support that they had been trained in preventing cross contamination and in reporting and documenting incidents as is required by the legislation.

**Outcome**


Corrective action required 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 20, 2014
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