

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

Inspection Information	
Date of Inspection: October 30, 2014	Name of Inspector: Janet Evans
Inspection Type: Routine Inspection	
Licensee: Guelph Rest Home Inc / 2113 Gordon Street, Guelph, ON N1L 1G7 (the "Licensee")	
Retirement Home: Heritage House Guelph / 2113 Gordon Street, Guelph, ON N1L 1G7 (the "home")	
Licence Number: T0116	

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. 54; Contents.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>54. (2) The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;
<p>Inspection Finding</p> <p>The Licensee's CHIP did not contain a copy of their policy to promote zero tolerance of abuse and neglect of residents nor did it identify information related to night time staffing levels for the home.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>2. 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>25. (2) The licensee shall ensure that the development of the emergency plan includes,</p> <ul style="list-style-type: none"> (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.

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

1. Dealing with,
 - ii. community disasters,

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 Licensee's written emergency plan did not show evidence of consultation with community partners who would be responding in an emergency or identification of hazards or risks that could give rise to an emergency. The plan had not addressed community disasters nor did it appear to have been evaluated or updated.

Outcome

Corrective action taken by the Licensee.

3. 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:

2. Presence of infectious diseases.
3. Risk of falling.
7. Risk of harm to self and to others.
8. Risk of wandering.
9. Needs related to drugs and other substances.

44. (2) The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

3. Cognitive ability.
4. Behavioural issues.
7. The matters listed in subsection 43 (2).

Inspection Finding

The assessments reviewed at the time of the inspection did not consistently include the elements below as listed.


<p>Outcome Corrective action taken by the Licensee.</p>
<p>4. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,</p> <ul style="list-style-type: none"> (a) the Residents’ Bill of Rights; (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents; <p>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.</p>
<p>Inspection Finding There was evidence of orientation and annual training being provided. Orientation records reviewed did not show that staff had been trained on the complaints process; Bill of Rights or the PASD policy prior to starting work.</p>
<p>Outcome Corrective action taken by the Licensee.</p>

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 December 18, 2014
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