

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

Inspection Information	
<b>Date of Inspection:</b> December 3, 2014	<b>Name of Inspector:</b> Rachelle Harber
<b>Inspection Type:</b> Mandatory Reporting Inspection	
<b>Licensee:</b> Pranajen Group Ltd. / 220 Dundas Street, Whitby, ON L1N 8M7 (the "Licensee")	
<b>Retirement Home:</b> Nimigon Retirement Home / 7715 Beaverdams Road, Niagara Falls, ON L2H 2J4 (the "home")	
<b>Licence Number:</b> S0089	

Purpose of Inspection
The RHRA received a report under section 75(1) 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. 67; Policy to promote zero tolerance.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>67. (4)</b> Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.</p>
<p><b>Inspection Finding</b></p> <p>The homes abuse policy states that on becoming aware of abuse or suspected abuse, the person(s) having knowledge of this shall immediately inform the registered staff or Director of Care. PSW 1 did not report the incident of alleged psychological abuse between PSW 2 towards a resident until two days later.</p>
<p><b>Outcome</b></p> <p>Corrective action taken by the Licensee.</p>
<p><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Contents. 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>67. (5)</b> At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,</p>

- (c) provide for a program for preventing abuse and neglect;
- (d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;

**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;
- (b) situations that may lead to abuse and neglect and how to avoid such situations.

**15. (3)** The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

- (c) identify measures and strategies to prevent abuse and neglect;
- (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;

**Inspection Finding**

The homes abuse policy does not align with the Act and the Regulation.

**Outcome**

Corrective action taken by the Licensee.

**3. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.**

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

**23. (1)** Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

- (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.

**23. (2)** The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.

**Inspection Finding**

The homes behavior management policy does not align with the Regulation. Further, on November 6, 2014, a PSW did not use neither a redirection technique nor a quiet calm manner to manage a resident's behavior

as per the homes behavior management policy. Staff failed to follow the homes behavior management policy.

**Outcome**

Corrective action taken by the Licensee.

- 4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going training.  
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.**

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

**65. (4)** The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

**65. (5)** The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

- 3. Behaviour management.

**Inspection Finding**

There was no evidence of annual training for staff on the homes policy to promote zero tolerance of abuse and no evidence of additional training on behavior management for all staff that provides care services to residents.

**Outcome**

Corrective action taken by the Licensee.

- 5. 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; 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;

**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's plan of care does not meet the guidelines. Further, the licensee did not ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months.

**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 January 21, 2015
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