

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

Inspection Information	
Date of Inspection: October 21, 2014	Name of Inspector: Geraldine Defoe
Inspection Type: Routine Inspection	
Licensee: Shepherd Village Inc. / 3758 Shepherd Avenue, Toronto, ON M1T 3K9 (the "Licensee")	
Retirement Home: Shepherd Terrace Retirement Residence / 3758 Sheppard Avenue, Toronto, ON M1T 3K9 (the "home")	
Licence Number: T0012	

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> <p style="padding-left: 40px;">(d) the licensee's procedure for complaints mentioned in subsection 73 (1);</p> <p style="padding-left: 40px;">(s) information as to whether the retirement home has automatic sprinklers in each resident's room;</p>
<p>Inspection Finding</p> <p>The Licensee's package of information does not contain the Licensee's procedure for complaints or information as to whether the retirement home has automatic sprinklers in each resident's room.</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. 24; Emergency plan, general.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>24. (5) 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,
 - (ii) situations involving a missing resident,
 - (iii) medical emergencies,
 - (iv) violent outbursts;

Inspection Finding

There is no annual testing of the emergency plan for missing resident, medical emergencies or violent outbursts as per the Regulation.

Outcome

Corrective action scheduled to be taken by December 19, 2014 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. (2)** The licensee shall ensure that the development of the emergency plan includes,
 - (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,
 - iii. violent outbursts,
 - v. medical emergencies,
 - vi. chemical spills,

Inspection Finding

The Licensee’s emergency plan does not address the requirements as per the legislation.

Outcome

Corrective action taken by the Licensee.

4. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial 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:
 - 3. Risk of falling.

7. Risk of harm to self and to others.
<p>Inspection Finding The Licensee’s current initial assessment does not consider risk of falls or risk of harm to self or others.</p>
<p>Outcome Corrective action taken by the Licensee.</p>
<p>5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff. 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, (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;</p> <p>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.</p> <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 Not all staff has received training on the use of personal assistance services devices (PASD) for residents. Not all direct care staff has received training on Behavioral Management. Further, no staff has received training on the complaints procedure.</p>
<p>Outcome Corrective action scheduled to be taken by January 31, 2015 by the Licensee.</p>
<p>6. The Licensee failed to comply with O. Reg. 166/11, s. 15; Policy of zero tolerance of abuse and neglect.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

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;

Inspection Finding

The Licensee’s written policy to promote zero tolerance of abuse and neglect of residents does not contain all of the requirements as per the legislation.

Outcome

Corrective action taken by the Licensee.

7. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.

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

59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

Inspection Finding

The Licensee’s current written procedure for a person to complain to the Licensee does not contain the requirements as per the Regulation.

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 22, 2015
---	--------------------------