

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

Inspection Information	
Date of Inspection: November 4, 2014	Name of Inspector: Geraldine Defoe
Inspection Type: Routine Inspection	
Licensee: Arul Oli Senior Centre / 8 Snowy Owl Way, Scarborough, ON M1X 0B4 (the "Licensee")	
Retirement Home: Arul Oli Senior Centre / 8 Snowy Owl Way, Scarborough, ON M1X 0B4 (the "home")	
Licence Number: T0293	

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; (d) the licensee's procedure for complaints mentioned in subsection 73 (1); (l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers; (s) information as to whether the retirement home has automatic sprinklers in each resident's room; (t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;
<p>Inspection Finding</p> <p>The home's current information package does contain the Licensee's policy to promote zero tolerance of abuse and neglect of residents, the Licensee's procedure for complaints, information as to whether the retirement home has automatic sprinklers in each resident's room and information relating to staffing, their qualifications and shift.</p>
<p>Outcome</p> <p>Corrective action scheduled to be taken by the Licensee by February 1, 2015.</p>

2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Agreement required.

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

53. (1) The licensee of a retirement home shall enter into a written agreement with every resident of the home before the resident commences residency in the home.

Inspection Finding

Three resident's files were checked. Two resident's agreements had a signature but no date to indicate when it was signed. One resident's agreement had no signature. There was a post-it note with the words "for signature" stuck to several resident's agreements indicating that residents have not entered into a written agreement with the Licensee.

Outcome

Corrective action scheduled to be taken by the Licensee by February 1, 2015.

3. The Licensee failed to comply with O. Reg. 166/11, s. 11; Posted information.

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

11. (1) For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:

- 3. An explanation of the procedures to be followed in the case of an evacuation.

Inspection Finding

An explanation of the procedures to be followed in the case of an evacuation is not posted in the home.

Outcome

Corrective action taken by the Licensee.

4. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.

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

24. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

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;
- (c) keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan.

Inspection Finding

There are no arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency. Further, there is no annual testing of the emergency plan, and no written record of the testing of the emergency plan and evacuation.

Outcome

Corrective action scheduled to be taken by the Licensee by February 1, 2015.

5. The Licensee failed to comply with O. Reg. 166/11, s. 26; Emergency plan, retirement home with 10 or fewer residents.

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

26. The emergency plan for a retirement home that has 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:

1. The plan shall be developed in consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
2. The plan shall identify and address hazards and risks that may give rise to an emergency affecting the home.
3. The plan shall include steps in the evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.
5. The plan shall identify the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
6. The licensee shall ensure that the plan is 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 does not have an emergency plan that meets the requirements as per the Regulation.

Outcome

Corrective action scheduled to be taken by the Licensee by February 1, 2015.

6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Safety plans. 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):

60. (4) Every licensee of a retirement home shall ensure that the following are in place for the home:
2. An infection prevention and control program that meets the prescribed requirements.

27. (4) The licensee of a retirement home shall ensure that a written surveillance protocol is established in consultation with the local medical officer of health or designate in order to identify, document and monitor residents who report symptoms of respiratory or gastrointestinal illness.

27. (5) The licensee of a retirement home shall ensure that,
(a) if an infectious disease outbreak occurs in the home, the outbreak is reported to the local medical officer of health or designate and the licensee defers to the officer or designate, as the case may be, for assistance and consultation as appropriate;
(b) if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted;
(c) processes for meeting the requirements in clauses (a) and (b) are established and the processes are recorded in writing.

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

The Licensee does not have an infection prevention and control program that meets the prescribed requirements. Further, the Licensee does not have a written surveillance protocol established. No evidence was provided to confirm that all staff has received the required training.

Outcome

Corrective action scheduled to be taken by the Licensee by February 1, 2015.

7. 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. (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:

- 7. The matters listed in subsection 43 (2).

Inspection Finding

The Licensee’s current “24 Hour Initial Care Plan” does not consider Presence of Infectious Diseases, Risk of Falling, Risk of Harm to Self and Others, Risk of Wandering and Needs related to Drugs and other Substances. The Licensee uses the 24 Hour Initial Care Plan form to conduct full assessments of care needs on residents. However, the full assessment is not conducted within the legislated time frame, nor does the form contain all matters as listed in the initial assessment.

Outcome

Corrective action taken by the Licensee.

- 8. 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.

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;

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.

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

No staff has received training on Residents' Bill of Rights, zero tolerance of abuse and neglect, whistle-blowing protection and the use of personal assistance services devices (PASD) for residents. Direct care staff has not received training on behavioral management. No staff has received training on the complaints procedure.

Outcome

Corrective action scheduled to be taken by the Licensee by March 1, 2015.

9. 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.

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

67. (5) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,

- (a) clearly set out what constitutes abuse and neglect;
- (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;
- (e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
- (f) set out the consequences for those who abuse or neglect residents;
- (g) comply with the prescribed requirements, if any, respecting the matters described in clauses (a) to (f);
- (h) deal with the additional matters, if any, that are prescribed.

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. (2) The procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents described in clause 67 (5) (e) of the Act shall include details outlining who will undertake the investigation and who will be informed of the investigation.

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

- (a) contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (b) contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
- (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,
 - (i) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a resident’s health or well-being,
 - (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;
- (f) provide that the licensee of the retirement home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence;
- (g) provide that the licensee of the retirement home shall ensure that,
 - (i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,
 - (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
 - (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
 - (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented,
 - (v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

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 Act and Regulation.

Outcome

Corrective action scheduled to be taken by the Licensee by March 1, 2015.

10. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Procedure for complaints to licensee.

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):

73. (1) Every licensee of a retirement home shall ensure that there is a written procedure for a person to complain to the licensee about the operation of the home and for the way in which the licensee is required to deal with complaints.

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.

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date that the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any, of the complaint;
- (e) every date on which any response was provided to the complainant and a description of the response;

Inspection Finding

The Licensee does not have a written procedure for a person to complain to the Licensee. Further, the Licensee does not keep a written record of complaints in the home.

Outcome

Corrective action scheduled to be taken by the Licensee by March 1, 2015.

11. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.

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

22. (1) Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.

Inspection Finding

The Licensee has not developed, documented and implemented strategies to reduce or mitigate the risk of falls in common areas of the home.

Outcome

Corrective action taken by the Licensee.

12. 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,
- (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;
 - (b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;
 - (c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;
 - (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.

Inspection Finding

The Licensee has not developed and implemented a written behaviour management strategy.

Outcome

Corrective action scheduled to be taken by the Licensee by February 1, 2015.

13. 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):

- 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,
- (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;
 - (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,
 - (ii) the safe disposal of syringes and other sharps,
 - (iii) recognizing an adverse drug reaction and taking appropriate action;

Inspection Finding

Although there is a letter indicating that weekly blister pack medication was explained to 10 staff members by the Pharmacist on August 22, 2013, there is no evidence that the training actually included administration of a drug or other substance. Further, staff has not received the required training in safe disposal of syringes and other sharps and recognizing an adverse drug reaction and taking appropriate action.

Outcome

Corrective action scheduled to be taken by the Licensee by February 1, 2015.

**14. 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):

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,

- (a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered;
- (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 Licensee’s medication administration procedure does not meet the requirements as per the Regulation in that it does not include written policies and procedures. Further, the Licensee has a written record noting the administration of a drug or other substance to a resident. However, the time of the administration of the drug or other substance is not documented. The home showed evidence that they initially retain written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug. However, once the medication pack is empty, the home has been destroying the written evidence that the drug was prescribed.

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 27, 2015
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