RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: November 17, 2014	**Name of Inspector:** Heather Buchanan
Inspection Type: Routine Inspection	
Licensee: 2321772 Ontario Inc / 228 Dundas Street, Belleville, ON K8N 1E4 (the "Licensee")	
Retirement Home: Bel Marine Retirement Residence / 228 Dundas Street, Belleville, ON K8N 1E4 (the "home")	
Licence Number: N0222	

Purpose of Inspection

The RHRA conducts routine inspections as set out in section 77(3) of the *Retirement Homes Act, 2010* (the "RHA").

NON-COMPLIANCE

1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.

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

54. (2) 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;

(d) the licensee's procedure for complaints mentioned in subsection 73 (1);

(k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices;

(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;

Inspection Finding

The Information Package provided to residents of the home does not include the home's complaints procedure, a list of accommodation and care services (with prices) provided in the home, information with respect to sprinklers, and information relating to staffing, including night time staffing levels and qualifications of staff of the home. The contact information for the RHRA contained in the abuse policy is not correct.

Outcome

Corrective action has been taken by the Licensee.

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

A new resident who moved into the home in October 2014 did not have a signed tenancy agreement.

Outcome

Corrective action has been taken by the Licensee.

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

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,

(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.

25. (2) The licensee shall ensure that the development of the emergency plan includes,

(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,

iii. violent outbursts,

iv. bomb threats,

v. medical emergencies,

vi. chemical spills,

vii. situations involving a missing resident,
viii. loss of one or more essential services.

25. (4) The licensee shall ensure that the emergency plan addresses the following components:

1. Plan activation.
2. Lines of authority.
3. Communications plan.
4. Specific staff roles and responsibilities.

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

There has been no testing of the home's emergency plan. There is no evidence of current arrangements with partners or consultation with community agencies. Community agencies involved in an emergency response have not been identified. There has been no identification of hazards and risks that may give rise to an emergency affecting the home. There are no resources, supplies and equipment readily available and set aside for emergency response. The plan provided in the home was generic and not specific to the home. It did not address plan activation, lines of authority, communications plan, or staff roles and responsibilities. There was no evidence that the plan has been evaluated or updated annually.

Outcome

Corrective action scheduled to be completed by the Licensee by February 28, 2015.

4. 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,

(d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;

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,

(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;

Inspection Finding

The home uses a generic policy that has not been made home specific and does not contain all of the required information. There is no contact information for reporting to the RHRA. It is not the same policy as is contained in the home's information package.

Outcome

Corrective action has been taken by the Licensee.

5. 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 home has a Post-fall Incident Report Form and utilizes the FRAT when assessing residents for risk of falls. There is no evidence that the home has developed, documented and implemented specific strategies to reduce or mitigate the risk of falls in common areas of the home.

Outcome

Corrective action has been taken by the Licensee.

6. 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;

Inspection Finding

The home's behaviour management strategy does not include all of the requirements of the legislation. Techniques, as well as strategies for interventions, that staff in the home can use to prevent and address resident behaviours that pose a risk to the resident or others in the home are not provided. The home uses a generic policy which has not been made specific for use in the home.

Outcome

Corrective action has been taken by the Licensee.

7. 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,

(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

There is no evidence that staff in the home have been trained in the safe disposal of syringes and sharps and recognizing adverse drug reactions.

Outcome

Corrective action has been taken by the Licensee.

8. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.

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.

Inspection Finding

The written medication management policies and procedures do not include procedures specific to acquiring, receiving, administering or destroying medications. The home uses a generic policy which provides that input specific to the home's procedures be added, which has not been done.

Outcome

Corrective action has been 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
	February 10, 2015