

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

Inspection Information	
<b>Date of Inspection:</b> January 8, 2015	<b>Name of Inspector:</b> Michael Hickey
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Fairview Mennonite Homes Inc. / 799 Concession Road, Cambridge, ON N3H 4L1 (the "Licensee")	
<b>Retirement Home:</b> Fairview Suites Retirement Home / 799 Concession Road, Cambridge, ON N3H 4L1 (the "home")	
<b>Licence Number:</b> T0067	

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><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>54. (2)</b> The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> <li>(c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</li> <li>(s) information as to whether the retirement home has automatic sprinklers in each resident's room;</li> </ul>
<p><b>Inspection Finding</b></p> <p>Routine inspection revealed the Licensee's package of information provided to new residents was missing prescribed information. Specifically, the information package was missing the Licensee's policy to promote zero tolerance of abuse and neglect as well as information about the presence of automatic sprinklers in each resident's room.</p>
<p><b>Outcome</b></p> <p>Corrective action taken by the Licensee.</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

**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.

**Inspection Finding**

Routine inspection revealed that the Licensee's prescribed emergency plan was not current with all arrangements specific to partner facilities that would be involved in responding to an emergency. Specifically, the after-hours contact telephone number for the relocation venue to be used in an emergency was not current.

**Outcome**

Corrective action taken 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. (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**

Routine inspection revealed the Licensee's emergency plan was not evaluated and updated at least annually.

**Outcome**

Corrective action scheduled to be taken by the Licensee by February 25, 2015.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs. The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.**

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

**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.

**55. (2)** The record for each resident shall include,  
(b) if the resident was assessed for the purposes of developing the resident's plan of care, documentation of when the resident was assessed and by whom;

**Inspection Finding**

Routine inspection revealed the Licensee failed to complete and record full assessments of resident care needs as prescribed by regulation within the prescribed time limitations upon residency.

<p><b>Outcome</b></p> <p>Corrective action scheduled to be taken by the Licensee by February 28, 2015.</p>
<p><b>5. The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>55. (5)</b> A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,</p> <p>(c) the skills, qualifications and training of the staff who work in the home;</p>
<p><b>Inspection Finding</b></p> <p>Routine inspection revealed the Licensee failed to maintain or keep prescribed training records for staff who work in the home.</p>
<p><b>Outcome</b></p> <p>Corrective action scheduled to be taken by the Licensee by February 28, 2015.</p>
<p><b>6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Contents.</b></p> <p><b>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> <p>(c) provide for a program for preventing abuse and neglect;</p> <p>(d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;</p> <p><b>15. (1)</b> 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,</p> <p>(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;</p> <p>(b) situations that may lead to abuse and neglect and how to avoid such situations.</p> <p><b>15. (2)</b> 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.</p> <p><b>15. (3)</b> The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,</p>

- (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**

Routine inspection revealed the Licensee's policy to promote zero tolerance of abuse and neglect of residents did not contain prescribed content.

**Outcome**

Corrective action scheduled to be taken by the Licensee by February 26, 2015.

**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
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