

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

Inspection Information	
<b>Date of Inspection:</b> December 4, 2014	<b>Name of Inspector:</b> Ed Lum
<b>Inspection Type:</b> Compliance Inspection	
<b>Licensee:</b> Tomclo Properties Ltd. / 860 The Greenway, Mississauga ON L5G 1P6 (the "Licensee")	
<b>Retirement Home:</b> Greenway Lodge Retirement Home / 860 The Greenway, Mississauga ON L5G 1P6 (the "home")	
<b>Licence Number:</b> T0190	

Purpose of Inspection
The RHRA conducts compliance inspections as set out in section 77(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p><b>1. 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 subsections:</p> <p><b><u>24. (4)</u></b> The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.</p> <p><b><u>24. (5)</u></b> The licensee shall,</p> <ul style="list-style-type: none"> <li>(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,           <ul style="list-style-type: none"> <li>(i) the loss of essential services,</li> <li>(ii) situations involving a missing resident,</li> <li>(iii) medical emergencies, and</li> <li>(iv) violent outbursts;</li> </ul> </li> <li>(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.</li> </ul>
<p><b>Inspection Finding</b></p> <p>There are no current arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency. Further, no annual testing of the emergency plan has been completed and there is no written record of the testing of the emergency plan.</p>

**Outcome**

Corrective action required by the Licensee.  
Warning Letter issued.

**2. 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 subsections:

- 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.
  4. The plan shall require that resources, supplies and equipment vital for the emergency response are set aside, readily available at the home and tested regularly to ensure that they are in working order.
  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’s emergency plan does not include the listed prescribed requirements.

**Outcome**

Corrective action required by the Licensee.  
Warning Letter issued.

**3. 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 subsections:

- 43. (2)** The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:
3. Risk of falling.
  5. Dietary needs including known food restrictions.
  7. Risk of harm to self and to others.
- 44. (2)** The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:
1. Physical and mental health.

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

**Inspection Finding**

The initial assessment does not consider risk of falling, dietary needs including known food restrictions and risk of harm to self and to others. Further, the full assessment does not consider physical and mental health, behavioural issues and the matters listed in the initial assessment.

**Outcome**

Corrective action required by the Licensee.  
Warning Letter issued.

**4. The licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training. The licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.**

Specifically, the Licensee failed to comply with the following subsections:

**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;
- (f) fire prevention and safety.

**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**

Not all staff has received training on the Residents’ Bill of Rights, abuse and neglect policy, whistle-blowing protection and fire prevention and safety. Further, no staff has received training on the PASD policy and complaints procedure. Direct care staff has not received training on behaviour management.

**Outcome**

Corrective action required by the Licensee.


Warning Letter issued.

**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 Manager 	Date March 3, 2015
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