

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

Inspection Information	
Date of Inspection: January 16, 2015	Name of Inspector: Janet Evans
Inspection Type: Routine Inspection	
Licensee: Fox Run Retirement Home Inc. / 5475 Trafalgar Road, Erin, ON N0B 1T0 (the "Licensee")	
Retirement Home: Fox Run Retirement Home Inc. / 5475 Trafalgar Road, Erin, ON N0B 1T0 (the "home")	
Licence Number: T0170	

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 O. Reg. 166/11, s. 24; Emergency plan, general. The Licensee failed to comply with O. Reg. 166/11, s. 26; Emergency plan, retirement home with 10 or fewer residents.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>24. (5)</u> The licensee shall,</p> <ul style="list-style-type: none"> (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"> (ii) situations involving a missing resident, (iv) violent outbursts; <p><u>26.</u> 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:</p> <ul style="list-style-type: none"> 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.
<p>Inspection Finding</p> <p>The Licensee had evidence of a written emergency plan however the plan did not show evidence of annual testing with respect to missing residents or violent outbursts. The plan was not developed in consultation with community partners and did not include an identification of community risk or internal risk and strategies for mitigation.</p>

<p>Outcome Corrective action taken by the Licensee.</p>
<p>2. 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.</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,</p> <ul style="list-style-type: none"> (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; <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 There was evidence of staff training being completed with the exception of the Licensee's complaint procedure. In addition to this it was noted that all orientation training was not being completed with staff prior to them working with the residents.</p>
<p>Outcome Corrective action taken by the Licensee.</p>
<p>3. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>20. (1) Every licensee of a retirement home shall ensure that this section is complied with whenever food is prepared in the home.</p>
<p>Inspection Finding The Licensee confirmed only one staff member held a current Food Handler Certificate. Other staff who prepared and cooked the evening meals did not have a current Food Handler Certificate.</p>
<p>Outcome</p>

Corrective action scheduled to be completed by the Licensee on May 21, 2015.

4. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.

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

- 30.** If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,
- (b) controlled substances as defined in the Controlled Drugs and Substances Act (Canada) are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart;

Inspection Finding

At the time of the inspection it was noted that the home had controlled medications onsite that were not stored using a double lock system as per the legislation.

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 March 11, 2015
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