

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

Inspection Information	
Date of Inspection: February 24, 2015	Name of Inspector: Susan Lines
Inspection Type: Routine Inspection	
Licensee: Fox Run Residence Management Inc. / 104 Thousand Islands Parkway, Gananoque, ON K7G 2V4 (the "Licensee")	
Retirement Home: Fox Run Retirement Residence / 104 Thousand Islands Parkway, Gananoque, ON K7G 2V4 (the "home")	
Licence Number: N0001	

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. 53; Agreement required.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>53. (1)</u> 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.</p>
<p>Inspection Finding</p> <p>Three out of the four resident agreements reviewed were not signed prior to the residents moving into the home.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>2. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>24. (5)</u> The licensee shall,</p>

- (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.

25. (3) The licensee shall ensure that the emergency plan provides for the following:

- 3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

Inspection Finding

The home's emergency plan did not meet the requirements.

Outcome

Corrective action scheduled to be taken by the Licensee by April 17, 2015.

- 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 subsection(s):

43. (2) The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

- 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:

- 1. Physical and mental health.
- 4. Behavioural issues.
- 5. Need for care services.
- 7. The matters listed in subsection 43 (2).

<p>Inspection Finding</p> <p>The home's assessments did not meet the requirements.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</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"> (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>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:</p> <ul style="list-style-type: none"> 3. Behaviour management. <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>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,</p> <ul style="list-style-type: none"> (b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.
<p>Inspection Finding</p> <p>Four staff training logs were reviewed and showed that staff was not trained on all the topics they required training in. Two out of four staff did not having training in the home's complaints procedure. None of the four staff was trained in reporting and documenting incidents of infectious illness or the home's PASD policy. Three out of the four staff was not trained on fire prevention and safety and one staff was not trained on the home's behaviour management strategy.</p>
<p>Outcome</p> <p>Corrective action scheduled to be taken by the Licensee by April 17, 2015.</p>

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's management confirmed they did not have a falls strategy.

Outcome

Corrective action scheduled to be taken by the Licensee by April 17, 2015.

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;
- (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 behaviour management strategy was not customized to the home and did not clearly meet the requirements.

Outcome

Corrective action 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,

- (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,
 - (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,
 - (ii) the safe disposal of syringes and other sharps,
 - (iii) recognizing an adverse drug reaction and taking appropriate action;

Inspection Finding

The two staff that required medication administration training was not trained on the applicable topics.

Outcome

Corrective action 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 home’s written medication management policy and procedures did not meet the requirements.

Outcome

Corrective action scheduled to be taken by the Licensee by April 10, 2015.

9. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.

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

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 (a) 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 home's staff did not keep a written record of the administration of drugs given to residents on the day of inspection and the home did not keep prescriptions on site as they were required to.

Outcome

Corrective action taken by the Licensee.

10. 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):

55. (1) The licensee of a retirement home shall keep a record for each resident of the home that complies with the requirements of this section.

55. (5) A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,
(c) the skills, qualifications and training of the staff who work in the home;

Inspection Finding

The home's staff and resident records did not meet the requirements.

Outcome

Corrective action scheduled to be taken by the Licensee by April 15, 2015.

11. The Licensee failed to comply with O. Reg. 166/11, s. 57; Trust for resident's money.

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

57. (2) For the purposes of section 72 of the Act, if money is entrusted to the care of a licensee of a retirement home on behalf of residents of the home, the licensee shall establish and maintain at least one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee's care on behalf of the residents.

Inspection Finding

The home's trust account did not meet the requirements.

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 13, 2015
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