

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

Inspection Information	
<b>Date of Inspection:</b> February 9, 2015	<b>Name of Inspector:</b> Geraldine Defoe
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Slovenian Linden Foundation / 52 Neilson Drive, Etobicoke, ON M9C 1V7 (the "Licensee")	
<b>Retirement Home:</b> Dom Lipa / 52 Neilson Drive, Etobicoke, ON M9C 1V7 (the "home")	
<b>Licence Number:</b> T0124	

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 O. Reg. 166/11, s. 11; Posted information.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b><u>11. (1)</u></b> For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:</p> <p>3. An explanation of the procedures to be followed in the case of an evacuation.</p>
<p><b>Inspection Finding</b></p> <p>An explanation of the procedures to be followed in the case of an evacuation is not posted in the home.</p>
<p><b>Outcome</b></p> <p>Corrective action scheduled to be taken by the Licensee by March 9, 2015.</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> <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> <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,</p>

- (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.

**Inspection Finding**

The Licensee’s arrangements with community agencies that will be involved in responding to an emergency are not current. Further, there is no annual testing of the emergency plan for missing resident, medical emergencies or violent outbursts, and no written record of the testing of the emergency plan.

**Outcome**

Corrective action scheduled to be taken by the Licensee by June 3, 2015.

**3. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial 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:
- 2. Presence of infectious diseases.

**Inspection Finding**

The Licensee’s current initial assessment on residents does not consider presence of infectious diseases.

**Outcome**

Corrective action scheduled to be taken by the Licensee by March 13, 2015.

**4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.  
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.  
The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.**

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

- 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;
  - (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

**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 Residents’ Bill of Rights. No staff has received training on zero tolerance of abuse and neglect and the use of personal assistance services devices (PASD) for residents. There was no evidence provided that direct care staff had received training on behavioral management. Further, no staff has received training on the complaints procedure.

**Outcome**

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

**5. 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. (3)** The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall, (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 Licensee’s written policy to promote zero tolerance of abuse and neglect of residents does not contain all of the requirements as per the legislation.

**Outcome**


Corrective action scheduled to be taken by the Licensee by March 13, 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 March 17, 2015
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