

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

Inspection Information	
Date of Inspection: March 5, 2015	Name of Inspector: Rachelle Harber
Inspection Type: Compliance Inspection	
Licensee: Kingsberry Place Ltd. / 1221 Limeridge Road E., Hamilton, ON L8W 1Y1 (the "Licensee")	
Retirement Home: Kingsberry Place Seniors Residence / 1221 Limeridge Road E., Hamilton, ON L8W 1Y1 (the "home")	
Licence Number: S0123	

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>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Safety plans. The Licensee failed to comply with O. Reg. 166/11 s. 24; Emergency plan, general.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>s. 60. (4) Every licensee of a Retirement Home shall ensure that the following are in place for the home:</p> <ol style="list-style-type: none"> 1. An emergency plan that responds to emergencies in the home or in the community in which the home is located and that meets the prescribed requirements. <p>s. 24. (5) The licensee shall,</p> <ol 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, <ol style="list-style-type: none"> (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 of any change made to improve the emergency plan.
<p>Inspection Finding</p> <p>The Licensee's emergency plan does not meet the prescribed requirements. There is no annual testing of the emergency plan and no written record of the testing of the emergency plan.</p>

Outcome

Corrective action scheduled to be completed by the Licensee by April 22, 2015.

2. 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):

s. 25. (2) Every licensee shall ensure that the development of the emergency plan includes,
(b) identification of hazards and risks that may give rise to an emergency affecting the home, whether the hazards and risks arise within the home or in the surrounding community, and strategies to address those hazards and risks.

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

1. Dealing with,
 - i. fires
 - ii. community disasters
 - iii. violent outbursts
 - iv. bomb threats
 - v. medical emergencies
 - vi. chemical spills
 - vii. missing residents
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 they are in good working order.

s. 25. (4) The licensee shall ensure that the emergency plan addresses the following components:

1. Plan activation.
2. Lines of Authority.
3. Communications Plan.
4. Specific staff roles and responsibilities.

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

The Licensee's emergency plan does not contain the requirements as per the Regulation.

Outcome

Corrective action scheduled to be completed by the Licensee by April 30, 2015.

3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Safety plans.

The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.

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

s. 60. (4) Every licensee of a retirement home shall ensure that the following are in place for the home:

2. An infection prevention and control program that meets the prescribed requirements.

s. 27. (4) The licensee of a retirement home shall ensure that a written surveillance protocol is established in consultation with the local medical officer of health or designate in order to identify, document and monitor residents who report symptoms of respiratory or gastrointestinal issues.

s. 27. (5) The licensee of a retirement home shall ensure that,

(a) if an infectious disease outbreak occurs in the home, the outbreak is reported to the local medical officer of health or designate and the licensee defers to the officer or designate, as the case may be, for assistance and consultation as appropriate;

(b) if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be is consulted; and

(c) processes for meeting the requirements in clauses (a) and (b) are established and the processes are recorded in writing.

Inspection Finding

The Licensee does not have an infection prevention and control program that meets the prescribed requirements. Further, the Licensee does not have a written surveillance protocol established.

Outcome

Corrective action scheduled to be completed by the Licensee by April 22, 2015.

4. 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. 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

All staff has not received training in the procedure for a person to complain to the Licensee.

Outcome

Corrective action scheduled to be completed by the Licensee by April 30, 2015.

5. 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. 15. (2) The program for preventing abuse and neglect 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.

Inspection Finding

The Licensee does not have a written policy to promote zero tolerance of abuse and neglect of residents which contains the requirements as per the Act and Regulation.

Outcome

Corrective action scheduled to be completed by the Licensee by April 30, 2015.

6. 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 Licensee has not developed, documented and implemented strategies to reduce or mitigate the risk of falls in common areas of the home.

Outcome

Corrective action scheduled to be completed by the Licensee by May 6, 2015.

7. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behavior 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 behavior management strategy that included,

- (a) techniques to prevent and address resident behaviors that pose a risk to the resident or others in the home;
- (b) strategies for interventions to prevent and address resident behaviors that pose a risk to the resident or others in the home;
- (c) strategies for monitoring residents that have demonstrated behaviors that pose a risk to the resident or others in the home; and


<p>(d) protocols for how staff and volunteers shall report and be informed of resident behaviors that pose a risk to the resident or others in the home.</p>
<p>Inspection Finding The Licensee has not developed and implemented a written behavior management strategy.</p>
<p>Outcome Corrective action scheduled to be completed by the Licensee by May 6, 2015.</p>
<p>8. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.</p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p>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, 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.</p>
<p>Inspection Finding The Licensee has not established a medication management system.</p>
<p>Outcome Corrective action scheduled to be completed by the Licensee by May 13, 2015.</p>

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 31, 2015
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