

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

Inspection Information	
Date of Inspection: February 17, 2015	Name of Inspector: Janet Evans
Inspection Type: Mandatory Reporting Inspection	
Licensee: Pathways Inc. / 375 Trunk Road, Sault Ste. Marie, ON P6A 6T5 (the "Licensee")	
Retirement Home: Pathways Retirement Residence / 375 Trunk Road, Sault Ste. Marie, ON P6A 6T5 (the "home")	
Licence Number: N0148	

Purpose of Inspection
The RHRA received a report under section 75(1) 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. 23; Behaviour management.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> (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;
<p>Inspection Finding</p> <p>The Licensee failed to implement a behaviour management strategy for resident behaviours resistive to care.</p>
<p>Outcome</p> <p>Corrective action scheduled to be completed by the Licensee on April 22, 2015.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</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:

- 3. Behaviour management.

Inspection Finding

The Licensee failed to show evidence of having completed training with respect to behaviour management with staff.

Outcome

Corrective action scheduled to be completed by the Licensee on May 4, 2015.

3. 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.

22. (2) If a resident of a retirement home falls in a common area of the home or while being assisted by the licensee or staff, the licensee shall ensure that,

- (b) corrective action is taken as necessary to prevent future harm to residents;
- (c) the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.

22. (3) If a resident of a retirement home falls in the home in circumstances other than those described in subsection (2) and the licensee or a staff member becomes aware of the fall, the licensee shall ensure that the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.

22. (4) Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

Inspection Finding

The Licensee had a written falls program however it was not reflective of what was offered at the home. The Licensee failed to document an assessment of the resident as per the policy or corrective action in response to the fall, or prevention of future falls. The Licensee failed to maintain an accurate record of the number of falls.

Outcome

Corrective action scheduled to be completed by the Licensee on April 27, 2015.

4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.

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

- 62. (12)** The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,
- (b) the resident's care needs change or the care services set out in the plan are no longer necessary;
 - (c) the care services set out in the plan have not been effective.

Inspection Finding

The Licensee failed to complete a reassessment and update a plan of care to reflect changes in a resident's care needs and the resident's behaviours; as well as reviewing interventions that were not successful with respect to falls management.

Outcome

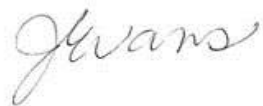
Corrective action scheduled to be completed by the Licensee on April 30, 2015.

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 April 9, 2015
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