

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

| Inspection Information   |  |
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| <b>Date of Inspection:</b> March 30, 2015  | <b>Name of Inspector:</b> Georges Gauthier |
| <b>Inspection Type:</b> Compliance Inspection  |  |
| <b>Licensee:</b> Heritage Green Retirement Home / 351 Isaac Brock Drive, Stoney Creek, ON L8J 1Y1 (the "Licensee") |  |
| <b>Retirement Home:</b> Heritage Green Retirement Home / 351 Isaac Brock Drive, Stoney Creek, ON L8J (the "home")  |  |
| <b>Licence Number:</b> S0149   |  |

| Purpose of Inspection  |
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| The RHRA conducts compliance inspections as set out in section 77(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA"). |

| NON-COMPLIANCE  |
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| <p><b>1. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.<br/>The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>24. (5)</b> The licensee shall,</p> <ul style="list-style-type: none"> <li>(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"> <li>(i) the loss of essential services,</li> <li>(ii) situations involving a missing resident,</li> <li>(iii) medical emergencies, and</li> <li>(iv) violent outbursts;</li> </ul> </li> <li>(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.</li> </ul> <p><b>25. (2)</b> The licensee shall ensure that the development of the emergency plan includes,</p> <ul style="list-style-type: none"> <li>(a) consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency;</li> </ul> |

**Inspection Finding**

The emergency plan did not address the listed items.

**Outcome**

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

- 2. 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.**  
**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):

**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;
- (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;

**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.

**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,

- (a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items; and
- (b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

**Inspection Finding**

Not all staff received the training in the listed items as required.

**Outcome**

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

**3. 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,

(a) the drugs or other substances are stored in an area or a medication cart that,

(i) is used exclusively for drugs or other substances and for supplies related to drugs or other substances,

**Inspection Finding**

The Licensee did not ensure that the medication fridge was used exclusively for drugs or other substances and for supplies related to drugs or other substances.

**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/>.

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| Signature of Inspector<br> | Date<br>April 15, 2015 |
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