

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

Inspection Information	
<b>Date of Inspection:</b> February 18, 2015	<b>Name of Inspector:</b> Zbigniew Bardel
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Amica Mature Lifestyles Inc. / Style de Vie Amica Inc. / 1111 Melville Street, Vancouver, BC V6E 3V6 (the "Licensee")	
<b>Retirement Home:</b> Amica at Erin Mills / 4620 Kimbermount Avenue, Mississauga, ON L5M 5W5 (the "home")	
<b>Licence Number:</b> T0147	

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 the RHA, S.O. 2010, c. 11, s. 65; Training.</b> <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>65. (2)</b> 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"> <li>(c) the protection afforded for whistle-blowing described in section 115;</li> <li>(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;</li> <li>(f) fire prevention and safety;</li> </ul> <p><b>65. (5)</b> 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"> <li>3. Behaviour management.</li> </ul>
<p><b>Inspection Finding</b></p> <p>Routine inspection revealed the Licensee did not complete training of staff in the areas of; whistle-blowing protection; PASD's; fire prevention and safety; and Behavioural Management.</p>

**Outcome**

Corrective action scheduled to be completed by the Licensee by July 17, 2015.

**2. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.**

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

**24. (5)** The licensee shall,

- (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;
- (b) at least once every two years, conduct a planned evacuation of the retirement home;
- (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**

Routine inspection revealed the Licensee did not complete the annual testing with the community for emergencies relating to; loss of essential services; missing resident; medical emergencies; and violent outbursts. There was no record that an evacuation was conducted once within two years and no written record of the testing and changes made to improve the system.

**Outcome**

Corrective action scheduled to be completed by the Licensee by July 17, 2015.

**3. 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,
  - (b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;

**Inspection Finding**

Routine inspection revealed the Licensee did not comply with the written behaviour management strategy that includes strategies for interventions to prevent and address resident behaviours that pose a risk.

**Outcome**

Corrective action taken by the Licensee.

**4. 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,
- (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,
    - (ii) the safe disposal of syringes and other sharps,
    - (iii) recognizing an adverse drug reaction and taking appropriate action;

**Inspection Finding**

Routine inspection failed to produce any evidence to indicate that staff member is trained in safe disposal of syringes and other sharps and recognizing an adverse drug reaction and taking appropriate action.

**Outcome**

Corrective action scheduled to be completed by the Licensee by June 17, 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 21, 2015
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