

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

Inspection Information	
Date of Inspection: February 23, 2015	Name of Inspector: Susan Lines
Inspection Type: Routine Inspection	
Licensee: CVH (No.6) LP / 181 Bay Street, Toronto, ON M5J 2T3 (the "Licensee")	
Retirement Home: The Palace / 69 St. Paul Street, Alexandria, ON K0C 1A0 (the "home")	
Licence Number: N0280	

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>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>54. (2) The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (d) the licensee's procedure for complaints mentioned in subsection 73 (1); (k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices; (t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;
<p>Inspection Finding</p> <p>The home's information package did not meet the requirements.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Agreement required.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

53. (1) The licensee of a retirement home shall enter into a written agreement with every resident of the home before the resident commences residency in the home.

Inspection Finding

One resident had not signed a residency agreement prior to moving into the home. There was no clear evidence of when two other residents had signed their written agreements.

Outcome

Corrective action taken by the Licensee.

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

24. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

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;

(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.

25. (2) The licensee shall ensure that the development of the emergency plan includes,

- (a) consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency;
- (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 vicinity or community, and strategies to address those hazards and risks.

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

- 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 that they are in working order.

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.

<p>Inspection Finding</p> <p>The home's emergency plan did not meet the requirements.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>4. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs. The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>43. (2) The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:</p> <ul style="list-style-type: none"> 2. Presence of infectious diseases. 3. Risk of falling. 7. Risk of harm to self and to others. 9. Needs related to drugs and other substances. <p>44. (1) Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident's care needs and preferences is conducted.</p> <p>44. (2) The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:</p> <ul style="list-style-type: none"> 1. Physical and mental health. 5. Need for care services. 7. The matters listed in subsection 43 (2).
<p>Inspection Finding</p> <p>The home's assessments did not meet the requirements.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,</p>

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

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,

(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

None of the four staff whose training logs were reviewed was trained in reporting and documenting incidents of infectious illness. There was no clear evidence that two of the four staff was trained on the home's PASD policy.

Outcome

Corrective action taken by the Licensee.

6. 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. (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;

(g) provide that the licensee of the retirement home shall ensure that,

- (i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,
- (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
- (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
- (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented,
- (v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

Inspection Finding

The home's abuse policy did not meet the requirements.

Outcome

Corrective action taken by the Licensee.

7. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.

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

59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

Inspection Finding

The home's complaints procedure did not meet the requirements.

Outcome

Corrective action taken by the Licensee.

8. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.

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

20. (4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

Inspection Finding

All five of the home's staff that required food handling training certification did not have current training.

Outcome

Corrective action scheduled to be taken by the Licensee by April 15, 2015.

9. 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,

- (c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;
- (d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.

<p>Inspection Finding</p> <p>The home's behaviour management strategy did not meet the requirements.</p>
<p>Outcome</p> <p>Corrective action scheduled to be taken by the Licensee by April 15, 2015.</p>
<p>10. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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,</p> <ul style="list-style-type: none"> (c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug; (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, <ul style="list-style-type: none"> (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene, (ii) the safe disposal of syringes and other sharps, (iii) recognizing an adverse drug reaction and taking appropriate action;
<p>Inspection Finding</p> <p>Eight of nine staff that required medication administration training did not have current training in this topic. There was no evidence that the home's medication administration training included all the required topics.</p>
<p>Outcome</p> <p>Corrective action scheduled to be taken by the Licensee by April 30, 2015.</p>
<p>11. 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(s):</p> <p>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, the 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</p>

The home's written medication management policy and procedures did not meet the requirements.

Outcome

Corrective action taken by the Licensee.

12. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.

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

- 32.** If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,
- (b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991;

Inspection Finding

The home's staff did not record in writing the administration of drugs to the residents.

Outcome


Corrective action scheduled to be taken by the Licensee by April 1, 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 24, 2015
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