

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

| Inspection Information | |
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| Date of Inspection: March 17, 2015 | Name of Inspector: Tania Buko |
| Inspection Type: Routine Inspection | |
| Licensee: CVH (No.6) LP / 181 Bay Street, Toronto, ON M5J 2T3 (the "Licensee") | |
| Retirement Home: Orchard Villa / 1955 Valley Farm Road, Pickering, ON L1V 3R6 (the "home") | |
| Licence Number: T0299 | |

| Purpose of Inspection |
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| The RHRA conducts routine inspections as set out in section 77(3) of the <i>Retirement Homes Act, 2010</i> (the "RHA"). |

| NON-COMPLIANCE |
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| <p>1. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>24. (4)</u> The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.</p> <p><u>24. (5)</u> The licensee shall,</p> <p>(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,</p> <p>(i) the loss of essential services,</p> <p>(ii) situations involving a missing resident,</p> <p>(iii) medical emergencies,</p> <p>(iv) violent outbursts;</p> <p><u>25. (2)</u> The licensee shall ensure that the development of the emergency plan includes,</p> <p>(a) consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency;</p> <p><u>25. (3)</u> The licensee shall ensure that the emergency plan provides for the following:</p> |

- 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.
- 4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency.

Inspection Finding

A review of the emergency plan revealed that there no current arrangements with partners. A review of the emergency plan revealed annual testing in the listed areas had not been conducted. A review of the emergency plan revealed there were no documents to support consultation with community agencies. A review of the emergency kit revealed that the only resources, supplies and equipment vital for emergency response set aside were three flashlights. A review of the emergency plan revealed that there was a Letter of Understanding with another retirement residence; however, the letter was not dated, or signed by the partner to indicate that an arrangement was made.

Outcome

Corrective action scheduled to be completed by the Licensee by July 24, 2015.

2. The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.

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

- 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.
- 44. (2)** The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:
 - 7. The matters listed in subsection 43 (2).

Inspection Finding

A review of the three resident’s records revealed that one resident did not receive a full assessment, and the full assessments for the other two residents were not dated. Therefore the inspector was unable to ascertain if the full assessments were conducted within the required 14 days. A review of the full assessment revealed that all matters listed in the initial assessment were not considered. Specifically, infectious diseases, allergies, risk of harm to self and others, and risk of wandering.

Outcome

Corrective action taken by the Licensee.

- 3. 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,
(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,
(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

A review of three staff files revealed only one staff or no staff received training or orientation in the listed areas.

Outcome

Corrective action scheduled to be completed by the Licensee by May 31, 2015.

4. 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

A routine inspection revealed that the Health and Wellness Manager's lunch was located in the refrigerator used to store medications in the Wellness Office.

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  | Date April 30, 2015 |
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