

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

Inspection Information	
<b>Date of Inspection:</b> April 1, 2015	<b>Name of Inspector:</b> Rachelle Harber
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 1122121 Ontario Inc. / 1532 Pelham Street, Fonthill, ON L0S 1E3 (the "Licensee")	
<b>Retirement Home:</b> Shorthills Villa Retirement Community / 1532 Pelham Street, Fonthill, ON L0S 1E3 (the "home")	
<b>Licence Number:</b> S0011	

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. 54; Contents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>54. (2)</b> The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> <li>(l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers;</li> <li>(s) information as to whether the retirement home has automatic sprinklers in each resident's room;</li> <li>(t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;</li> <li>(c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</li> </ul>
<p><b>Inspection Finding</b></p> <p>The homes package of information does not contain the above listed requirements. Further, a Registered Practical Nurse (RPN) is listed as a staff member available to provide care and other services, but it is not clear when the RPN is available or that he/she works part time hours.</p>
<p><b>Outcome</b></p> <p>Corrective action is required by the Licensee. Warning Letter issued.</p>

**2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Agreement required.**

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

**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**

The Licensee did not enter into an agreement with all of the residents prior to residency.

**Outcome**

Corrective action required by the Licensee.  
Warning Letter issued.

**3. 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;
- (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**

There is no annual testing of the emergency plan with the community, including keeping a written record of the testing.

**Outcome**

Corrective action required by the Licensee.  
Warning Letter issued.

**4. 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):

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

(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. (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.

**Inspection Finding**

The homes emergency plan does not identify hazards and risks that may give rise to an emergency affecting the home. Further, the Licensee did not ensure that the emergency plan for the retirement home is evaluated and updated at least annually.

**Outcome**

Corrective action scheduled to be completed by the Licensee by May 1, 2015.

**5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Safety plans.  
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):

**60. (4)** Every licensee of a retirement home shall ensure that the following are in place for the home:  
2. An infection prevention and control program that meets the prescribed requirements.

**27. (2)** The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.

**Inspection Finding**

There is no record of consultation with the local Medical Officer of Health or designate.

**Outcome**

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

**6. 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.**

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

**43. (2)** The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:  
8. Risk of wandering.

**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:

1. Physical and mental health.
2. Functional capacity.
3. Cognitive ability.
5. Need for care services.
4. Behavioural issues.
6. Need for assistance with the activities of daily living.
7. The matters listed in subsection 43 (2).
8. Any other matter relevant to developing a plan of care for the resident.

**Inspection Finding**

The initial assessment does not consider risk of wandering. Further, the Licensee did not complete a full assessment of the resident's needs.

**Outcome**

Corrective action taken by the Licensee.

- 7. 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; On-going 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.**  
**The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.**

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,

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

**65. (4)** The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

**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;

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

**55. (5)** A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,

(c) the skills, qualifications and training of the staff who work in the home;

**Inspection Finding**

The home's staff has not received the required training in the above listed topics.

**Outcome**

Corrective action required by the Licensee.

Warning Letter issued.

**8. 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. (2)** The licensee shall ensure that a written record is kept in the retirement home that includes,

(d) the final resolution, if any, of the complaint;

(e) every date on which any response was provided to the complainant and a description of the response;

**Inspection Finding**

The written record does not contain the above listed requirements.

**Outcome**

Corrective action required by the Licensee.

Warning Letter issued.

**9. 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,

**Inspection Finding**

There is no evidence of staff being trained on the safe disposal of syringes and other sharps.

**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/>

Signature of Inspector 	Date May 12, 2015
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