

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

Inspection Information	
<b>Date of Inspection:</b> April 23, 2015	<b>Name of Inspector:</b> Janet Evans
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Chartwell Master Care Corporation / 100 Milverton Drive, Mississauga, ON L5R 4H1 (the "Licensee")	
<b>Retirement Home:</b> Chartwell Westmount Retirement Residence / 190 David Bergey Drive, Kitchener, ON N2E 3Y4 (the "home")	
<b>Licence Number:</b> T0082	

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 O. Reg. 166/11, s. 11; Posted information.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b><u>11. (1)</u></b> For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:</p> <p>6. A copy of the most recent final inspection report prepared by an inspector under section 77 of the Act, subject to section 114 of the Act.</p>
<p><b>Inspection Finding</b></p> <p>The Licensee did not have a copy of their most recent inspection report posted as required.</p>
<p><b>Outcome</b></p> <p>Corrected by the Licensee at the time of the inspection.</p>
<p><b>2. 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.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b><u>24. (4)</u></b> The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.</p>

**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. (4)** The licensee shall ensure that the emergency plan addresses the following components:  
3. Communications plan.

**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 Licensee was unable to show evidence that current arrangements with community partners were in place. The Licensee had not identified risks which may give rise to an emergency in the home and mitigating strategies. There was no evidence the emergency plan had been reviewed and updated.

**Outcome**

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

**3. 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:

- 2. Presence of infectious diseases.
- 3. Risk of falling.
- 7. Risk of harm to self and to others.
- 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:

- 5. Need for care services.
- 7. The matters listed in subsection 43 (2).

**Inspection Finding**

4 charts were reviewed. The assessments were inconsistent for documenting the elements listed. The timelines for the full assessment completion were not met. Staff did not consistently date and sign the assessments.

**Outcome**

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

- 4. 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.**

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.

**Inspection Finding**

The Licensee was unable to show evidence that annual mandatory staff training was completed for 2014. At the time of the inspection the Licensee was able to show a plan for 2015 mandatory staff training which had been initiated.

**Outcome**

Corrective action taken by the Licensee.

- 5. 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):

**55. (2)** The record for each resident shall include,

(b) if the resident was assessed for the purposes of developing the resident's plan of care, documentation of when the resident was assessed and by whom;

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

(f) the screening required under subsection 27 (8) of this Regulation.

**Inspection Finding**

Staff did not consistently sign and date all resident assessments. 3 of 4 resident files reviewed did not show evidence of screening for infectious disease.

**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 13, 2015
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