

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

Inspection Information		
Date of Inspection: April 23, 2015	Name of Inspector: Georges Gauthier	
Inspection Type: Routine Inspection		
Licensee: 873888 Ontario Limited / 65 Trueman Avenue, Etobicoke, ON M8Z 5A3 (the "Licensee")		
Retirement Home: Rosedale Retirement Residence / 12 William Street, Brampton, ON L6V 1L2 (the "home")		
Licence Number: T0408		

Purpose of Inspection

The RHRA conducts routine inspections as set out in section 77(3) of the *Retirement Homes Act, 2010* (the "RHA").

NON-COMPLIANCE

1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.

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

54. (2) The package of information shall include, at a minimum,

(c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

(t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;

Inspection Finding

The information package did not address the listed items.

Outcome

Corrective action taken by the Licensee.

 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. 26; Emergency plan, retirement home with 10 or fewer residents.

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;

<u>26.</u> The emergency plan for a retirement home that has 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:

1. The plan shall be developed in consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.

4. The plan shall require that resources, supplies and equipment vital for the emergency response are set aside, readily available at the home and tested regularly to ensure that they are in working order.

Inspection Finding

The listed items were not addressed.

Outcome

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

3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision. 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):

62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,

(a) a goal in the plan is met;

(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

(c) the care services set out in the plan have not been effective.

<u>44. (1)</u> 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.

Inspection Finding

There was no evidence to show that full assessments were being conducted within 14 days of residents commencing residency. Further, there was no evidence to show that the Licensee ensured that the residents were reassessed and the plan of care reviewed and revised at least every six months or at any other time set out by the listed section.

Outcome

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. The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.	
Spe	cifically, the Licensee failed to comply with the following subsection(s):	
	5. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have eceived training in,	
	(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;	
ti co	 5. (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 ontact with residents, in addition to the other training that they are required to receive under this ection: 3. Behaviour management. 	
tł	4. (1) For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure nat all staff who work in the home receive training in the procedure described in subsection 73 (1) of the ct for a person to complain to the licensee.	
	5. (5) A licensee of a retirement home shall keep records proving compliance with the Act and this egulation in relation to,	
	(c) the skills, qualifications and training of the staff who work in the home;	
The was	pection Finding re was no evidence to show that all staff received training in the listed items as required. Further, there no evidence of records being kept proving skills, qualifications, and training of staff.	
	rective action scheduled to be taken by the Licensee by June 5, 2015.	
5.	The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.	
Spe	cifically, the Licensee failed to comply with the following subsection(s):	
2	1. (1) If one of the care services that the licensee or the staff of a retirement home provide to a resident f the home is the administration of a drug or other substance, the licensee shall establish a medication	

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.

31. (2) As part of the medication management system, the licensee shall make a current reference text about pharmaceuticals available to all staff who are involved in the administration of a drug or other substance to a resident.

<u>32.</u> 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 medication management policy was not in line with the legislation. Further, the Licensee failed to make a current reference text about pharmaceuticals available to all staff who are involved in the administration of a drug or other substance to a resident. Furthermore, the Licensee failed to ensure there was written evidence that the drug was prescribed for residents by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act.

Outcome

Corrective action scheduled to be taken by the Licensee by July 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 <u>http://rhra.ca/en/register/</u>

Signature of Inspector	Date
A. Jautta	May 25, 2015