

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

| Inspection Information | |
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| Date of Inspection: June 2, 2015 | Name of Inspector: Susan Lines |
| Inspection Type: Routine Inspection | |
| Licensee: Place Mont Roc Residence Inc. / 100 Industrial Boulevard, Hawkesbury, ON K6A 3M8 (the "Licensee") | |
| Retirement Home: Place Mont Roc Residence Inc. / 100 Industrial Boulevard, Hawkesbury, ON K6A 3M8 (the "home") | |
| Licence Number: N0268 | |

| 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 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 include an adequate abuse policy or complaints procedure. The package did not include that the home offered the following care services: physician, pharmacy and nursing services. The package indicated that the home had one registered staff member working from 11h00 to 20h30 each day but the home did not have any registered personnel on staff at the time of the inspection. The staffing information and qualifications were therefore not accurate.</p> |
| <p>Outcome</p> <p>Corrective action scheduled to be taken by the Licensee by July 15, 2015.</p> |

2. The Licensee failed to comply with O. Reg. 166/11, s. 11; Posted information.

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

11. (1) 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:

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.

Inspection Finding

The most recent final report was not posted visibly in the home.

Outcome

Corrective action taken by the Licensee on June 2, 2015.

**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. (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;

(b) at least once every two years, conduct a planned evacuation of the retirement home;

(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,

(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:

1. Dealing with,

- ii. community disasters,

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.

Inspection Finding

There was no evidence that the home had tested the emergency plan as the legislation required. There was no evidence that the home had identified risks and hazards or strategies to mitigate them. The plan did not include community disasters. The home did not have adequate resources, supplies and equipment set aside, readily available or tested. The home's plan was not adequately evaluated and updated.

Outcome

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

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.

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

43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

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

1. Continence.
2. Presence of infectious diseases.
3. Risk of falling.
6. Cognitive ability.
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:

1. Physical and mental health.
2. Functional capacity.
3. Cognitive ability.
4. Behavioural issues.
5. Need for care services.
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

Five residents' charts showed that initial and full assessments were not fully completed within the time frames specified in the legislation.

Outcome

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

- 5. 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,

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

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

The home's records showed that staff had not been trained on an adequate abuse policy or an adequate complaints procedure. The home's training log showed that two out of the five staff whose records were

reviewed, had not been trained on reporting and documenting incidents of infectious disease, the home's PASD policy or the home's behaviour management strategy. Three out of five staff had not been trained on the Residents' Bill of Rights.

Outcome

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

6. 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. (1) The licensee of a retirement home shall keep a record for each resident of the home that complies with the requirements of this section.

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 resident and personnel records did not meet the requirements.

Outcome

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

7. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Contents. 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):

67. (5) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,
(a) clearly set out what constitutes abuse and neglect;
(e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;

15. (1) The program for preventing abuse and neglect described in clause 67 (5) (c) of the Act shall entail training and retraining requirements for all staff of the retirement home, including,

(a) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care;

(b) situations that may lead to abuse and neglect and how to avoid such situations.

15. (2) The procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents described in clause 67 (5) (e) of the Act shall include details outlining who will undertake the investigation and who will be informed of the investigation.

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

- (a) contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (c) identify measures and strategies to prevent abuse and neglect;

Inspection Finding

The home’s abuse policy did not explain what constitutes neglect or adequate procedures for investigating and responding to allegations of abuse or neglect. The policy did not include information about training on the relationship between power imbalances and the potential for abuse or neglect. The policy did not include information about training on situations that may lead to abuse or neglect. There were not adequate procedures to support abused and neglected residents or procedures to deal with persons who have abused or neglected residents. The policy did not include strategies to prevent abuse and neglect.

Outcome

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

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. (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 procedure did not include a statement that allegations involving harm or risk of harm would result in immediate investigation as the legislation required.

Outcome

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

9. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.

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

22. (1) Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.

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| <p>Inspection Finding</p> <p>The home's falls strategy did not meet the requirements.</p> |
| <p>Outcome</p> <p>Corrective action scheduled to be taken by the Licensee by July 15, 2015.</p> |
| <p>10. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home; (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 July 15, 2015.</p> |
| <p>11. 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; (d) a member of a College, as defined in the Regulated Health Professions Act, 1991, supervises the administration of the drug or other substance to the resident in the home; (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;

Inspection Finding

The home's records did not clearly indicate that staff administering medication had been trained in the administration of a drug. There was no member of a college supervising the administration of a drug or other substance in the home. Of the seven staff training records reviewed, one staff did not have training in ways of reducing infectious diseases or the safe disposal of syringes and other sharps. None of the seven staff had training in recognizing an adverse drug reaction and taking appropriate action.

Outcome

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

12. 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

The home's medication fridge was used to store food that was not related to the administration of medication.

Outcome

Corrective action taken by the Licensee.

13. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.

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

- 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.

Inspection Finding

The home's management policy and procedures did not specify where medications should be stored.

Outcome


Corrective action scheduled to be taken by the Licensee by July 15, 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/>

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| Signature of Inspector  | Date July 15, 2015 |
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