

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

Inspection Information	
<b>Date of Inspection:</b> May 26, 2015	<b>Name of Inspector:</b> Janet Evans
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Dome Porcupine Transitional Living Centre / 200 Bruce Avenue, South Porcupine, ON P0N 1H0 (the "Licensee")	
<b>Retirement Home:</b> Spruce Hill Lodge / 200 Bruce Avenue, South Porcupine, ON P0N 1H0 (the "home")	
<b>Licence Number:</b> N0090	

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**

- 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. (4)** The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

**24. (5)** The licensee shall,  
(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. (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 did not have evidence of signed agreements with community partners. The Licensee did not have written evidence all elements of the testing completed for the emergency plan nor did they have

written evidence related to the identification of possible hazards or risks that may give rise to an emergency affecting the home and strategies to address those hazards or risks. In addition to this the Licensee could not show that they had evaluated and updated their emergency plan.

**Outcome**

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

**2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.  
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,

(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;

**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 could show evidence of completing annual training with staff however they did not include training on the home’s policies as listed.

**Outcome**

Corrective action scheduled to be completed by the Licensee by July 17, 2015.

**3. 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.

**Inspection Finding**

The Licensee had a written falls program however they failed to fully implement their program at the time of the inspection.

**Outcome**

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

- 4. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.  
The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.  
The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

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,
- (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;
  - (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,
    - (iii) recognizing an adverse drug reaction and taking appropriate action;

- 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,
- (b) controlled substances as defined in the Controlled Drugs and Substances Act (Canada) are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart;

- 32.** 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 Licensee confirmed that an RPN from a third party provider administered medications at the home. At times medications may be pre-poured and the Licensee's staff were asked to cue resident to take their medications or to administer eye drops. The Licensee's staff did not have training related to medication administration. In addition to this it was noted that controlled substances and narcotic medications were kept in a locked room in a cupboard with a single lock. The Licensee did not have written evidence that a medication was prescribed for the resident by a person who is authorized to prescribe a drug.

**Outcome**


Corrective action scheduled to be completed 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/>

Signature of Inspector 	Date July 17, 2015
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