

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

Inspection Information	
<b>Date of Inspection:</b> June 9, 2015	<b>Name of Inspector:</b> Rachelle Harber
<b>Inspection Type:</b> Compliance Inspection	
<b>Licensee:</b> 1122121 Ontario Inc. / 1532 Pelham St. N., Fonthill, ON L0S 1E3 (the "Licensee")	
<b>Retirement Home:</b> Shorthills Villa Retirement Community / 1532 Pelham Street N., Fonthill, ON L0S 1E3 (the "home")	
<b>Licence Number:</b> S0011	

Purpose of Inspection
The RHRA conducts compliance inspections as set out in section 77(1) 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; Information for residents.</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>(c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of resident's;</li> <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 related to staffing, including night time staffing levels and qualifications of staff in the retirement home.</li> </ul>
<p><b>Inspection Finding</b></p> <p>The homes package of information does not contain the above listed requirements. RPN is listed but it is not clear that the RPN works part time. Changes have been made to the homes brochure but the information package and the brochure do not coincide. Staff could not say if each and every resident receives a brochure.</p>
<p><b>Outcome</b></p> <p>Corrective action scheduled to be completed by the Licensee by August 15, 2015.</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:

**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. Not all agreements include a date of when the agreement was signed and the agreements are not always signed.

**Outcome**

Corrective action taken by the Licensee.

**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:

**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, and
- (iv) violent outbursts:

(c) keep a written record of the testing of the emergency plan and planned evacuations and of any change 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 taken by the Licensee.

**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 home’s emergency plan does not include identification of 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. It was last updated May 2014 according to staff but there is no record of the update.

**Outcome**  
Corrective action taken by the Licensee.

**5. 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 subsections:

**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.

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

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

**Outcome**  
Corrective action taken by the Licensee.

**6. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs.**

Specifically, the Licensee failed to comply with the following subsections:

**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:

- 2. Presence of infectious diseases.
- 3. Risk of Falling.
- 8. Risk of wandering.

**Inspection Finding**

The Licensee did not complete an initial assessment on all residents. The initial assessment does not consider presence of infectious disease and does not always consider risk of falling and risk of wandering.

**Outcome**

Corrective action taken by the Licensee.

**7. 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:

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

- 7. The matters listed in subsection 43 (2).

**Inspection Finding**

The full assessment of the resident’s needs does not consider presence of infectious disease.

**Outcome**

Corrective action taken by the Licensee.

**8. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Obligations of licensee re 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,

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

<p><b>65. (4)</b> 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.</p> <p><b>65. (5)</b> 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:</p> <p style="padding-left: 40px;">3. Behavior management.</p> <p><b>14. (1)</b> 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.</p>
<p><b>Inspection Finding</b> The home’s staff has not received training in the above listed topics.</p>
<p><b>Outcome</b> Corrective action scheduled to be completed by the Licensee September 30, 2015.</p>
<p><b>9. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p><b>59. (2)</b> The licensee shall ensure that a written record is kept in the retirement home that includes,</p> <p style="padding-left: 40px;">(d) the final resolution, if any, of the complaint;</p> <p style="padding-left: 40px;">(e) every date on which any response was provided to the complainant and a description of the response.</p>
<p><b>Inspection Finding</b> The written complaint record does not contain the above listed requirements.</p>
<p><b>Outcome</b> Corrective action taken by the Licensee.</p>
<p><b>10. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection:</p> <p><b>29. (e)</b> if the licensee or staff member is involved in the administration of the drug or other substance a the home, that the licensee or staff member is trained in,</p> <p style="padding-left: 40px;">(ii) the safe disposal of syringes and other sharps.</p>

**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 July 22, 2015
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