

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

Inspection Information	
Date of Inspection: June 25, 2015	Name of Inspector: Debbie Rydall
Inspection Type: Routine Inspection	
Licensee: Georgian Bay Nursing Home Ltd / 1889 Fairgrounds Road, Stayner, ON L0M 1S0 (the "Licensee")	
Retirement Home: Pine Villa Retirement / 120 Pine Street, Collingwood, ON L9Y 2N9 (the "home")	
Licence Number: N0139	

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>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); (l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers; (s) information as to whether the retirement home has automatic sprinklers in each resident's room;
<p>Inspection Finding</p> <p>The routine inspection revealed that the information package provided to new residents is not completely aligned with the requirements of the legislation and does not contain all of the required information.</p>
<p>Outcome</p> <p>Corrective action scheduled to be completed by the Licensee by September 30, 2015.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Contents of agreement. The Licensee failed to comply with O. Reg. 166/11, s. 9; Agreement before resident commences residency.</p>

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

53. (2) The agreement shall contain the prescribed requirements.

9. The agreement that subsection 53 (1) of the Act requires the licensee of a retirement home to enter into with a resident of the home shall contain,

- (a) the heading Retirement Homes Act, 2010 Provisions or the equivalent of that heading in the language of the agreement if the agreement is not in English;
- (b) under the heading mentioned in clause (a), a notice to the resident that sections 77 and 80 of the Act authorize an inspector or an investigator respectively to inspect, copy and remove records containing a resident's personal information, including personal health information, from the home for the purpose of determining whether the licensee is in compliance with the requirements of the Act;
- (c) under the heading mentioned in clause (a), a statement as to whether or not the licensee will indemnify the resident against loss of the resident's possessions and if so, the details of the indemnification, including the extent to which the resident's possessions are insured by the licensee;
- (d) under the heading mentioned in clause (a), a statement from the licensee that,
 - (i) the licensee has given to the resident the package of information required by clause 54 (1) (a) of the Act,
 - (ii) the package includes all of the information required under subsection 54 (2) of the Act,
 - (iii) the licensee warrants that all of the information that the licensee provided in the package was accurate and complete on the date of the agreement.

Inspection Finding

The routine inspection revealed that a tenancy agreement is signed upon move in; however the agreement does not contain all of the required information as per the legislation.

Outcome

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

**3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 55; Posting information.
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):

55. (2) Every licensee of a retirement home shall ensure that the following information is posted in the home in a conspicuous and easily accessible location and in a manner that complies with the prescribed requirements, if any:

- 3. An explanation of the measures to be taken in case of fire.

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:

- 3. An explanation of the procedures to be followed in the case of an evacuation.

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 routine inspection revealed that not all of the required information was posted in the home as per the requirements of the legislation.

Outcome

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

- 4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Safety plans.
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):

- 60. (4)** Every licensee of a retirement home shall ensure that the following are in place for the home:
1. An emergency plan that responds to emergencies in the home or in the community in which the home is located and that meets the prescribed requirements.
- 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,
- (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;
 - (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. (3)** The licensee shall ensure that the emergency plan provides for the following:
1. Dealing with,
 - v. medical emergencies,
 - viii. loss of one or more essential services.
 2. Evacuation of the retirement home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.

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.

4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency.

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

4. Specific staff roles and responsibilities.

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 routine inspection revealed that the Licensee’s emergency plan is not completely aligned with the requirements of the legislation and the template has not been customized to be specific to the home. There was no evidence provided to support that the home had completed the required annual testing of the emergency plan as per the legislation.

Outcome

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

5. 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 subsection(s):

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

- 1. Continence.
- 3. Risk of falling.
- 4. Known allergies.
- 5. Dietary needs including known food restrictions.

Inspection Finding

The inspection revealed that the home completes the prescribed assessments to determine the resident's care needs; however there was no evidence to support that the initial assessment took into consideration all of the required areas as per the legislation.

Outcome

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

**6. 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;
- (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.

14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

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

Inspection Finding

There was no documented evidence provided at the time of the inspection to support that staff had received the required training as is required by the legislation.

Outcome

Corrective action scheduled to be completed by the Licensee by August 30, 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,
- (c) provide for a program for preventing abuse and neglect;
 - (e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
 - (f) set out the consequences for those who abuse or neglect 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. (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;
 - (b) contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
 - (e) provide that the licensee of the retirement home shall ensure that the resident and the resident's substitute decision-makers, if any, are notified of the results of an investigation described in clause 67 (5) (e) of the Act immediately upon the completion of the investigation;
 - (g) provide that the licensee of the retirement home shall ensure that,
 - (i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,
 - (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
 - (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
 - (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented,
 - (v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

Inspection Finding

The inspection revealed that although the home has a zero abuse policy in place; the template has not been revised and customized to be specific to the home and is not completely aligned as per the requirements of the legislation.

<p>Outcome Corrective action scheduled to be completed by the Licensee by August 30, 2015.</p>
<p>8. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>20. (1) Every licensee of a retirement home shall ensure that this section is complied with whenever food is prepared in the home.</p> <p>20. (4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.</p>
<p>Inspection Finding There was no evidence provided at the time of the inspection to support that at least one person involved in preparing food in the home holds a current certificate in food handling as per the requirements of the legislation.</p>
<p>Outcome Corrective action taken by the Licensee.</p>
<p>9. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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.</p>
<p>Inspection Finding The inspection revealed that the home had not developed a site specific strategy to mitigate the risk of falls in the home.</p>
<p>Outcome Corrective action scheduled to be completed by the Licensee by August 30, 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>

- 23. (1)** Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,
- (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;
 - (b) strategies for interventions 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.

Inspection Finding

The inspection revealed that the home had not developed a site specific behaviour management strategy as required by the legislation.

Outcome

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

11. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.

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,
 - (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

There was no documented evidence of training records provided at the time of the inspection to support that staff had received the required training prior to administering medications in the home as per the legislation.

Outcome


Corrective action scheduled to be completed by the Licensee by August 30, 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 29, 2015
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