

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

Inspection Information	
<b>Date of Inspection:</b> July 6, 2015	<b>Name of Inspector:</b> Susan Lines
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 1350844 Ontario Inc. / PO BOX 1926, Cornwall, ON K6H 3N7 (the "Licensee")	
<b>Retirement Home:</b> Riverdale Terrace Waterfront Retirement Residence / 1200 Second Street, Cornwall, ON K6J 1J3 (the "home")	
<b>Licence Number:</b> N0239	

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><b>1. 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.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>43. (1)</b> 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.</p> <p><b>43. (2)</b> The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:</p> <ol style="list-style-type: none"> <li>2. Presence of infectious diseases.</li> <li>3. Risk of falling.</li> <li>6. Cognitive ability.</li> </ol> <p><b>44. (1)</b> 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.</p> <p><b>44. (2)</b> The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:</p> <ol style="list-style-type: none"> <li>2. Functional capacity.</li> <li>3. Cognitive ability.</li> <li>5. Need for care services.</li> </ol>

- 6. Need for assistance with the activities of daily living.
- 7. The matters listed in subsection 43 (2).

**Inspection Finding**

The home’s records showed that four residents were not assessed within the timeframe required by the legislation for initial and full assessments. There was no evidence that any of the four residents was assessed for presence of infectious diseases. There was no evidence that one of the four residents was assessed initially for risk of falling or cognitive ability. Two out of four residents were not assessed for functional capacity. Residents were not consistently assessed for all the care services the home offered including, bathing, personal hygiene, ambulation, feeding, continence care and dressing. The need for assistance with activities of daily living was not included in the residents’ assessments. The home did not include all of the initial assessment topics in the full assessment as required.

**Outcome**

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

- 2. 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,

- (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.

**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**

The home's training records for five staff showed that two out of the five staff were not trained in the home's complaints procedure. Four out of the five staff were not trained on the specified infection control topics and the home's PASD policy. Two of the home's staff were not trained on the fire and safety and behaviour management.

**Outcome**

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

**3. 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,  
(d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;  
(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. (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;  
(b) contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;  
(c) identify measures and strategies to prevent abuse and neglect;  
(d) provide that the licensee of the retirement home shall ensure that the resident's substitute decision-makers, if any, and any other person specified by the resident,

- (i) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a resident’s health or well-being,
- (ii) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident;
- (f) provide that the licensee of the retirement home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence;
- (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 home’s abuse policy did not meet the requirements.

**Outcome**

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

**4. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.**

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

**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.

**Inspection Finding**

Two of the home’s staff did not have current food handler training when they required it.

**Outcome**

Corrective action scheduled to be taken by the Licensee by August 18, 2015.

**5. 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**

Management confirmed that the home did not have a falls strategy.

**Outcome**

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

**6. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.**

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

**23. (1)** Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

- (b) strategies for interventions to prevent and address resident 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 home's behaviour management strategy did not meet the requirements.

**Outcome**


Corrective action scheduled to be taken by the Licensee by September 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 29, 2015
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