

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

Inspection Information	
Dates of Inspection: July 8, 2015	Name of Inspector: Michael Hickey; Debbie Rydall
Inspection Type: Compliance Inspection	
Licensee: 1869423 Ontario Limited / 211 York Road, Dundas, ON L9H 1M9 (the "Licensee")	
Retirement Home: Yorkville Retirement Residence / 211 York Road, Dundas, ON L9H 1M9 (the "home")	
Licence Number: S0194	

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>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Obligations of licensees re 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. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of a drug or other substance. The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.</p> <p>Specifically the Licensee failed to comply with the following subsections:</p> <p>65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,</p> <ul style="list-style-type: none"> (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; (e) injury prevention; (f) fire prevention and safety; (g) the licensee's emergency evacuation plan for the home mentioned in subsection 60 (3); (h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4); (i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties; and (j) all other prescribed matters.

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; and

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

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, and

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

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

A compliance inspection was completed with respect to the Licensee’s prescribed requirement to keep records demonstrating that the staff who work in the home have completed required training within the prescribed timeframes. Staff files and records indicated the Licensee did not keep the required training records demonstrating that the staff had been trained in any of the above requirements.

Outcome

Corrective action scheduled to be taken by the Licensee by October 9, 2015.

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.

<p>Inspection Finding</p> <p>A compliance inspection was completed and the Licensee was found not have entered into written agreements with all the residents of the home prior to the residents commencing residency.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Plan of care.</p> <p>Specifically the Licensee failed to comply with the following subsection:</p> <p>62. (1) When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.</p>
<p>Inspection Finding</p> <p>A compliance inspection was completed and the Licensee was found not to have completed plans of care for all residents of the home as prescribed.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>4. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.</p> <p>Specifically the Licensee failed to comply with the following subsections:</p> <p>24. (5) The licensee shall,</p> <ul style="list-style-type: none"> (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, <ul style="list-style-type: none"> (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 changes made to improve the emergency plan.
<p>Inspection Finding</p> <p>A compliance inspection was completed and the Licensee was found not to have completed any records demonstrating that prescribed tests of the emergency plan had been completed.</p>
<p>Outcome</p> <p>Corrective action scheduled to be taken by the Licensee by September 24, 2015.</p>

5. 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:

- 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;

Inspection Finding

A compliance inspection was completed and the Licensee was found to have improperly stored controlled substances as prescribed.

Outcome

Corrective action taken by the Licensee.

6. 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:

- 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

A compliance inspection was completed and the Licensee was found to have utilized a pharmacy produced 'stock' medication management system that was not aligned with the legislation and did not correspond to the staffing qualifications of the staff who administer medications within the home.

The policy referenced the restricted title of Nurse in procedures for administration and the home does not employ nurses to administer daily medications to the residents. Additionally, prescribed procedures within the medication management system were not applicable to the procedures followed in the home. The policy referenced use of a medication cart for storage of which the home does not have. The policy referenced a blister-card method of resident medication distribution of which the home does not use.

Outcome

Corrective action scheduled to be taken by the Licensee by September 11, 2015.

7. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.

Specifically the Licensee failed to comply with the following subsections:

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

A compliance inspection was completed of resident medication records kept by the Licensee. Records were found to be non-compliant as all medications administered in the home did not have corresponding evidence that the drugs administered to the residents were ordered for use by the resident as prescribed.

Outcome

Corrective action taken by the Licensee.

**8. 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.
The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.**

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.

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.

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. (2) The record for each resident shall include,

- (a) documentation of all consents related to the collection, use, retention or disclosure of the resident's personal information, including personal health information;
- (b) if the resident was assessed for the purposes of developing the resident's plan of care, documentation of when the resident was assessed and by whom;
- (c) if the resident did not consent to an assessment, documentation of that fact;
- (d) a copy of the resident's most recent plan of care;
- (e) a copy of the written agreement between the resident and the licensee required under section 53 of the Act;

55. (3) In addition to subsection (2), for each resident of a retirement home to which the licensee of the home provides at least one care service, the record shall include,

- (a) the following documents or information to the extent that they are reasonably available to the licensee:

<p>(i) the name and contact information of the resident’s known substitute decision-makers, if any, (ii) the name and contact information of the resident’s next of kin, (iii) the name of the resident’s primary health care provider; and (b) the information required under subsection 62 (11) of the Act.</p> <p>55. (4) In addition to subsection (2), for each resident of a retirement home to which the licensee of the home provides at least one care service described in subsection 2 (1), the record shall include, (a) the resident’s health number; and (b) all information of the resident’s medical history, including the period before the date on which the resident commenced residency in the home, that is relevant to the care services that the licensee provides to the resident.</p>
<p>Inspection Finding</p> <p>A compliance inspection was completed of the resident care files and the Licensee was found not to have kept prescribed records demonstrating that all residents of the home had been assessed as prescribed. Additionally, two residents were found to not have any of the prescribed resident records.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>
<p>9. The Licensee failed to comply with Ontario Regulation 166/11 s. 56, Format and Retention of Records</p> <p>Specifically the Licensee failed to comply with the following subsections:</p> <p>56. (1) In this section,</p> <p>“record” means any document or record of information, including personal health information, in any form.</p> <p>56. (2) This section applies to all records that the licensee of a retirement home is required to keep under the Act or this Regulation, including records relating to a resident, and documentation that the licensee is required to keep when providing a care service to a resident.</p> <p>56. (3) The licensee shall ensure that each of the records is kept in a readable and useable format that allows a complete copy of the record to be readily produced.</p>
<p>Inspection Finding</p> <p>A compliance inspection was completed and the Licensee was found to have not kept records in a readable and useable form that allowed prescribed records to be readily produced.</p>
<p>Outcome</p> <p>Corrective action taken by the Licensee.</p>

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 September 10, 2015
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