

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

Inspection Information	
Date of Inspection: July 10, 2015	Name of Inspector: Susan Lines
Inspection Type: Compliance Inspection	
Licensee: 8063095 Canada Limited / 71 Queen Street, Picton, ON K0K 2T0 (the "Licensee")	
Retirement Home: Fraser House Retirement Home / 71 Queen Street, Picton, ON K0K 2T0 (the "home")	
Licence Number: N0092	

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. 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); (k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices; (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; (t) information relating to staffing, including night time staff levels and qualifications of staff of the retirement home;
<p>Inspection Finding</p> <p>The home's information package did not include the requirements.</p>
<p>Outcome</p> <p>Corrective action required by the Licensee.</p>
<p>2. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.</p>

The Licensee failed to comply with O. Reg. 166/11, s. 26; Emergency plan, retirement home with 10 or fewer 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,

(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;

(b) at least once every two years, conduct a planned evacuation of the retirement home;

(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.

26. The emergency plan for a retirement home that has 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:

- 1. The plan shall be developed in consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
- 3. The plan shall include steps in the evacuation of the 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.
- 4. The plan shall require that resources, supplies and equipment vital for the emergency response are set aside, readily available at the home and tested regularly to ensure they are in working order.

Inspection Finding

The home’s emergency plan did not meet the requirements.

Outcome

Corrective action required by the Licensee.

**3. 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.**

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:

- 3. Risk of falling.

<p>4. Known allergies. 5. Dietary needs including known food restrictions. 6. Cognitive ability.</p> <p>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.</p> <p>44. (2) The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:</p> <p>7. The matters listed in subsection 43 (2).</p>
<p>Inspection Finding The home’s initial and full assessments did not include all the required topics and there was no evidence that one of the full assessments had been completed in the timeframe required.</p>
<p>Outcome Corrective action required by the Licensee.</p>
<p>4. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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,</p> <p>(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;</p> <p>(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.</p>
<p>Inspection Finding There was no evidence that the home’s staff had been trained in the topics in which they each required training and staff did not confirm that they had received training in these topics.</p>
<p>Outcome Corrective action required by the Licensee.</p>
<p>5. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

- 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;
 - (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;
 - (g) comply with the prescribed requirements, if any, respecting the matters described in clauses (a) to (f);
 - (h) deal with the additional matters, if any, that are prescribed.
- 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,
- (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, and
 - (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;
 - (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, and
 - (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.

<p>Inspection Finding The home's abuse policy did not meet the requirements.</p>
<p>Outcome Corrective action required by the Licensee.</p>
<p>6. 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> <p>23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> (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.
<p>Inspection Finding The home did not provide evidence of compliant behaviour management strategy when asked to do so.</p>
<p>Outcome Corrective action required by the Licensee.</p>
<p>7. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>27. (4) The licensee of a retirement home shall ensure that a written surveillance protocol is established in consultation with the local medical officer of health or designate in order to identify, document and monitor residents who report symptoms of respiratory or gastrointestinal illness.</p> <p>27. (5) The licensee of a retirement home shall ensure that,</p> <ul style="list-style-type: none"> (a) if an infectious disease outbreak occurs in the home, the outbreak is reported to the local medical officer of health or designate and the licensee defers to the officer or designate, as the case may be, for assistance and consultation as appropriate; (b) if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted;

27. (7) The licensee of a retirement home shall ensure that waterless, alcohol-based hand sanitizer or another form of hand sanitation that provides equivalent protection against infectious disease transmission is available for use by residents and staff in communal resident areas and in staff work areas.

Inspection Finding

The home's infection prevention and control program did not meet the requirements.

Outcome


Corrective action required 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 October 7, 2015
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