

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

Inspection Information	
<b>Date of Inspection:</b> September 10, 2015	<b>Name of Inspector:</b> Corina Gadde
<b>Inspection Type:</b> Compliance Inspection	
<b>Licensee:</b> Place Mont Roc Residence Inc. / 100 Industrial Boulevard, Hawkesbury, ON K6A 3M8 (the "Licensee")	
<b>Retirement Home:</b> Place Mont Roc Residence Inc. / 100 Industrial Boulevard, Hawkesbury, ON K6A 3M8 (the "home")	
<b>Licence Number:</b> N0268	

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 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.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>24. (5)</b> The licensee shall,</p> <ul style="list-style-type: none"> <li>(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"> <li>(i) the loss of essential services,</li> <li>(ii) situations involving a missing resident,</li> <li>(iii) medical emergencies,</li> <li>(iv) violent outbursts;</li> </ul> </li> <li>(b) at least once every two years, conduct a planned evacuation of the retirement home;</li> <li>(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.</li> </ul> <p><b>25. (2)</b> The licensee shall ensure that the development of the emergency plan includes,</p> <ul style="list-style-type: none"> <li>(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.</li> </ul>

**25. (3)** The licensee shall ensure that the emergency plan provides for the following:

1. Dealing with,
  - ii. community disasters,

**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**

There was no evidence that the home conducted the required testing of the emergency plan. There was no evidence that the home had identified risks and hazards or strategies to mitigate them. The emergency plan did not include community disasters. The home’s plan was not adequately evaluated and updated.

**Outcome**

Corrective action required by the Licensee.

- 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,

- (a) the Residents’ Bill of Rights;
- (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

**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.

**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,

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

**Inspection Finding**

Staff working in the home has not received all of the required training.

**Outcome**

Corrective action required by the Licensee.

- 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,
- (a) clearly set out what constitutes abuse and neglect;
  - (e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of 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;
  - (c) identify measures and strategies to prevent abuse and neglect;

**Inspection Finding**

The policy to promote zero tolerance of abuse and neglect of residents did not include all of the required content.

**Outcome**

Corrective action required by the Licensee.

- 4. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.**

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

**59. (1)** Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

**Inspection Finding**

The procedure for complaints to the Licensee did not include a statement that allegations involving harm or risk of harm would result in immediate investigation.

**Outcome**

Corrective action required by the Licensee.

**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**

The home's falls strategy did not meet the requirements.

**Outcome**

Corrective action required by the Licensee.

**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,

- (a) techniques 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 home's behaviour management strategy did not meet the requirements.

**Outcome**

Corrective action required by the Licensee.

**7. 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,
- (d) a member of a College, as defined in the Regulated Health Professions Act, 1991, supervises the administration of the drug or other substance to the resident in the home;
  - (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**

The home’s records did not demonstrate that staff administering medication had been trained in reducing infectious diseases, the safe disposal of syringes and other sharps, or recognizing an adverse drug reaction and taking appropriate action. There was no member of a college supervising the administration of a drug or other substance in the home.

**Outcome**

Corrective action required by the Licensee.

**8. 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(s):

- 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**

The medication management policy and procedures did not include information related to how medications are to be stored.

**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 20, 2015
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