

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

Inspection Information	
<b>Date of Inspection:</b> September 2, 2015	<b>Name of Inspector:</b> Rachelle Harber
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> St. Charles Village LP / 1350 Plains Road, Burlington, ON L7T 1H6 (the "Licensee")	
<b>Retirement Home:</b> St. Charles Village / 30 Nova Crescent, Welland, ON L3C 6P8 (the "home")	
<b>Licence Number:</b> S0129	

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. 24; Emergency plan, general.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>24. (4)</b> The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.</p> <p><b>24. (5)</b> The licensee shall,</p> <p>(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,</p> <p>(iii) medical emergencies,</p> <p>(iv) violent outbursts;</p>
<p><b>Inspection Finding</b></p> <p>The licensee did not keep current arrangements with partners. Further, the licensee did not test the emergency plan with the community related to medical emergencies and violent outbursts, including keeping a written record of the changes made to improve the system.</p>
<p><b>Outcome</b></p> <p>Corrective action taken by the Licensee.</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.</b></p>

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

- 25. (2)** The licensee shall ensure that the development of the emergency plan includes,
  - (a) consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency;
- 25. (3)** The licensee shall ensure that the emergency plan provides for the following:
  - 4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency.
- 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 licensee's emergency plan does not meet the requirements listed.

**Outcome**

Corrective action taken by the Licensee.

- 3. 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. 27; Infection prevention and control program.**

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:
  - 2. An infection prevention and control program that meets the prescribed requirements.
- 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.

**Inspection Finding**

The homes Infection Prevention and Control program does not meet the above requirements.

**Outcome**

Corrective action taken by the Licensee

- 4. 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; On-going training.  
The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.**

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,  
(j) all other prescribed matters.

**65. (4)** The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

**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.

**Inspection Finding**

Staff has not received ongoing training in PASD's (Personal Assistance Service Devices) and the homes complaints procedures.

**Outcome**

Corrective action taken by the Licensee.

**5. 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):

**15. (3)** The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

- (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;
- (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;

**Inspection Finding**

The homes zero tolerance of abuse policy does not contain the requirements listed.

**Outcome**

Corrective action taken 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,
- (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 homes behavior management strategy does not contain the requirement listed.

**Outcome**

Corrective action taken 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,
- (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,
    - (iii) recognizing an adverse drug reaction and taking appropriate action;

**Inspection Finding**

Staff has not received the required training in the administration of a drug.

**Outcome**

Corrective action taken 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 homes written medication management policy does not meet the requirements.

**Outcome**


Corrective action taken 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 November 16, 2015
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