RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: November 18, 2015	**Name of Inspector:** Janet Evans
Inspection Type: Routine Inspection	
Licensee: Sherry Hamilton / 469 Main Street, Listowel, ON N4W 1A7 (the "Licensee")	
Retirement Home: Hamilton Place / 469 Main Street, Listowel, ON N4W 1A7 (the "home")	
Licence Number: S0230	

Purpose of Inspection

The RHRA conducts routine inspections as set out in section 77(3) of the *Retirement Homes Act, 2010* (the "RHA").

NON-COMPLIANCE

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

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

55. (5) A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,

(a) the police background checks required by section 64 of the Act;

(f) the screening required under subsection 27 (8) of this Regulation.

Inspection Finding

The Licensee failed to show evidence of consistently completing the required screening for staff.

Outcome

Corrective action taken by the Licensee.

2. 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.

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

24. (5) The licensee shall,

(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.

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

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

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 did not have evidence of resources, supplies or equipment vital for an emergency response being set aside or regularly tested. In addition to this there was no evidence that the Licensee evaluated the plan annually or documented changes made to improve the system.

Outcome

Corrective action scheduled to be completed by the Licensee by January 31, 2016.

3. 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):

44. (2) The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

5. Need for care services.

Inspection Finding

The LIcensee had evidence of completing resident assessments but they did not show that they had given consideration to the need for care services.

Outcome

Corrective action taken by the Licensee.

4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.

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

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.

Inspection Finding

The Licensee did not show evidence of providing training on behavior management to staff.

Outcome

Corrective action taken by the Licensee.

5. 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 Licensee had a written behavior management strategy but it did not include how volunteers would be notified of residents who were exhibiting behaviours.

Outcome

Corrective action required by the Licensee.

6. 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,

(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;

Inspection Finding

The Licensee's abuse policy did not contain the element listed.

Outcome

Corrective action taken by the Licensee.

7. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Agreement required.

The Licensee failed to comply with O. Reg. 166/11, s. 9; Agreement before resident commences residency.

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

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.

9. The agreement that subsection 53 (1) of the Act requires the licensee of a retirement home to enter into with a resident of the home shall contain,

(a) the heading Retirement Homes Act, 2010 Provisions or the equivalent of that heading in the language of the agreement if the agreement is not in English;

(b) under the heading mentioned in clause (a), a notice to the resident that sections 77 and 80 of the Act authorize an inspector or an investigator respectively to inspect, copy and remove records containing a resident's personal information, including personal health information, from the home for the purpose of determining whether the licensee is in compliance with the requirements of the Act;

(c) under the heading mentioned in clause (a), a statement as to whether or not the licensee will indemnify the resident against loss of the resident's possessions and if so, the details of the indemnification, including the extent to which the resident's possessions are insured by the licensee;

(d) under the heading mentioned in clause (a), a statement from the licensee that,

(i) the licensee has given to the resident the package of information required by clause 54 (1) (a) of the Act,

(ii) the package includes all of the information required under subsection 54 (2) of the Act,

(iii) the licensee warrants that all of the information that the licensee provided in the package was accurate and complete on the date of the agreement.

Inspection Finding

The resident rental agreements that were reviewed were not compliant with respect to content and were not all signed prior to residency.

Outcome

Corrective action taken by the Licensee.

8. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.

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

54. (2) The package of information shall include, at a minimum,

(s) information as to whether the retirement home has automatic sprinklers in each resident's room;

Inspection Finding

The Licensee's CHIP did not provide the information listed.

Outcome

Corrective action taken by the Licensee.

9. The Licensee failed to comply with O. Reg. 166/11, s. 57; Trust for resident's money.

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

57. (2) For the purposes of section 72 of the Act, if money is entrusted to the care of a licensee of a retirement home on behalf of residents of the home, the licensee shall establish and maintain at least one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee's care on behalf of the residents.

Inspection Finding

The Licensee confirmed that they had kept monies for a resident without having established a non-interest bearing trust account

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
	January 8, 2016