

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

Inspection Information	
Date of Inspection: December 2, 2015	Name of Inspector: Janet Evans
Inspection Type: Routine Inspection	
Licensee: Guelph Rest Home Inc / 2113 Gordon Street, Guelph, ON N1L 1G7 (the "Licensee")	
Retirement Home: Heritage House Guelph / 2113 Gordon Street, Guelph, ON N1L 1G7 (the "home")	
Licence Number: T0116	

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>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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>24. (5) 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>(iv) violent outbursts;</p> <p>(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> <p>25. (3) The licensee shall ensure that the emergency plan provides for the following:</p> <p>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.</p> <p>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.</p>
Inspection Finding

The Licensee did not show evidence of completing testing of the emergency plan for violent outbursts nor had they maintained a written record of completing an evacuation in 2015. In addition to this the Licensee did not have they evidence of maintaining resources, supplies and equipment vital for an emergency response or of evaluating and updating their plan annually.

Outcome

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

- 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; On-going 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.

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;
- (b) the licensee’s policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;
- (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

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.

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.

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.

Inspection Finding

The Licensee had not completed the ongoing training for staff with respect to Complaints, the Bill of Rights, Zero Tolerance of abuse, PASDs and Behaviour Management.

Outcome

Corrective action scheduled to be completed by the Licensee by April 2016.

3. 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,
(f) the screening required under subsection 27 (8) of this Regulation.

Inspection Finding

There was no evidence the Licensee had undertaken the required screening of staff for the 3 files reviewed.

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 15, 2016
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