

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

Inspection Information	
<b>Date of Inspection:</b> November 9, 2015	<b>Name of Inspector:</b> Janet Evans
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Debbie Moore / 29 Albert Street, St. Jacobs, ON N0B 2N0 (the "Licensee")	
<b>Retirement Home:</b> Village Manor / 29 Albert Street, St. Jacobs, ON N0B 2N0 (the "home")	
<b>Licence Number:</b> T0242	

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. 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>25. (2)</b> The licensee shall ensure that the development of the emergency plan includes, (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.</p> <p><b>25. (3)</b> 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><b>Inspection Finding</b></p> <p>The Licensee did not have evidence completing an identification of risks and hazards and mitigating strategies for their emergency plan. The Licensee did not have evidence of having resources and supplies set aside, readily available and regularly tested.</p>
<p><b>Outcome</b></p> <p>Corrective action required by the Licensee.</p>
<p><b>2. 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.</b></p>

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:

- 4. Known allergies.
- 5. Dietary needs including known food restrictions.

**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.

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

- 3. Cognitive ability.
- 4. Behavioural issues.
- 5. Need for care services.
- 7. The matters listed in subsection 43 (2).

**Inspection Finding**

The Licensee's assessments were inconsistent for considering the items listed and failed to date when the assessment was completed to show evidence it was conducted within the prescribed timelines.

**Outcome**

Corrective action required by the Licensee.

- 3. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.  
The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.  
The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

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

**30.** If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

- (b) controlled substances as defined in the Controlled Drugs and Substances Act (Canada) are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart;

**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.

**32.** If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

(b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991;

**Inspection Finding**

The Licensee did not maintain controlled substances at Carpenter House in accordance with the requirements of the legislation. The medication management system did not address acquiring; receiving, or dispensing medications. The Licensee did not have evidence of written records of prescriptions for the charts reviewed.

**Outcome**

Corrective action required by the Licensee.

**4. 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 Licensee’s fall program was not personalized to the home and not implemented in accordance with the written procedure.

**Outcome**

Corrective action required 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,

(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;

**Inspection Finding**

The Licensee had a written behaviour strategy in place but it did not include techniques to prevent and address behaviours or how they will monitor a resident who has a demonstrated behaviour that poses a risk.

**Outcome**

Corrective action required by the Licensee.

**6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; 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,

- (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;

**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 did not have evidence of training on their policies as listed.

**Outcome**

Corrective action required by the Licensee.

**7. 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. (2)** The record for each resident shall include,

- (b) if the resident was assessed for the purposes of developing the resident’s plan of care, documentation of when the resident was assessed and by whom;

**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;
- (c) the skills, qualifications and training of the staff who work in the home;
- (d) the training of volunteers required by section 66 of the Act;
- (f) the screening required under subsection 27 (8) of this Regulation.

**Inspection Finding**

The Licensee did not show evidence of maintaining their records as per the requirements of the legislation.

**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 January 19, 2016
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