RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: January 20, 2016	**Name of Inspector:** Janet Evans
Inspection Type: Routine Inspection	
Licensee: 2455810 Ontario Inc. / 109 West Oak Crescent, Toronto, ON M9N 3Z7 (the "Licensee")	
Retirement Home: Magnolia Retirement Home / 320 Dalhousie Street, Brantford, ON N3S 3V7 (the "home")	
Licence Number: S0373	

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 the RHA, S.O. 2010, c. 11, s. 54; Contents. **The Licensee failed to comply with O. Reg. 166/11, s. 10; Package of information for residents.** Specifically, the Licensee failed to comply with the following subsection(s): **54. (2)** The package of information shall include, at a minimum, (b) a statement that, if the retirement home also falls within the meaning of a care home as defined in the Residential Tenancies Act, 2006, nothing in this Act overrides or affects the provisions of the Residential Tenancies Act, 2006 that would otherwise apply with respect to the home as a care home; (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (e) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents; (g) information about the role of the Authority and its contact information; (h) information about the Residents' Council, including any information that the Residents' Council provides for inclusion in the package; (l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers; (m) information about the licensee's process for assisting residents to purchase or apply for care services and other services, programs or goods from external providers; (n) information regarding the rights of residents if the licensee chooses to reduce or discontinue the care services that the licensee provides to residents;

(o) disclosure of any non-arm's length relationships that exist between the licensee and external care providers;

(p) contact information for the community care access corporation approved as an agency under subsection 5 (1) of the Home Care and Community Services Act, 1994 for the area in which the retirement home is located;

(q) information relating to the assessments required to prepare a plan of care, including a resident's right to apply for publicly funded assessments;

(r) information about the licensee's process for assisting a resident in his or her transition to a long-term care home or other place of residence;

10. For the purposes of clause 54 (2) (v) of the Act, the package of information mentioned in clause 54 (1) (a) of the Act that a licensee of a retirement home is required to give to every resident of the home shall include,

(a) a statement that section 62 of the Act requires the licensee to assess a resident when the resident commences residency in the home and to reassess the resident every six months but that the licensee is not authorized to assess or reassess a resident without the resident's consent;

(b) a statement that the residents have the right to form a Residents' Council if one does not yet exist;

(c) a statement whether the licensee offers programs, activities or services to encourage the mental stimulation of residents and, if so, information about them;

(d) a statement whether the licensee offers programs, activities or services to address the social, recreational and spiritual needs of residents and, if so, information about them;

(e) information about how to reduce the incidence of infectious disease outbreaks, including the need for and method of maintaining proper hand hygiene and the need for and process of reporting infectious illness;

(f) information about the strategies the licensee has implemented to reduce or mitigate the risk of falls in common areas of the home;

(g) a statement as to whether or not services in the home are provided in French or in any other languages in addition to English and, if so, a list of those languages;

(h) a statement that section 68 of the Act prohibits the licensee and external care providers who provide care services in the home from restraining a resident of the home in any way including by the use of a physical device or by the administration of a drug except as permitted by section 71 of the Act when immediate action is necessary to prevent serious bodily harm to a resident or to others;

(i) a statement whether the licensee allows a resident of the home to entrust money to the care of the licensee on behalf of the resident and if so, a copy of the written trust account policy and procedures described in subsection 57 (7);

(j) a statement that the Act does not require the licensee to audit trust accounts into which the licensee is required to deposit money entrusted into the licensee's care on behalf of a resident but that the Registrar may order the licensee to audit any such trust account;

(k) a statement 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.

Inspection Finding

The Licensee's CHIP package did not include the required information or the information was incorrect. At the time of the inspection only one staff member was working in the home.

Outcome

Corrective action scheduled to be completed by the Licensee by March 25, 2016.

2. The Licensee failed to comply with O. Reg. 166/11, s. 11; Posted information.

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

11. (1) For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:

3. An explanation of the procedures to be followed in the case of an evacuation.

6. A copy of the most recent final inspection report prepared by an inspector under section 77 of the Act, subject to section 114 of the Act.

Inspection Finding

The Licensee did not have evidence of posting the required documentation.

Outcome

Corrective action scheduled to be completed by the Licensee by March 25/16.

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. 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):

60. (4) Every licensee of a retirement home shall ensure that the following are in place for the home:

1. An emergency plan that responds to emergencies in the home or in the community in which the home is located and that meets the prescribed requirements.

24. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

24. (5) The licensee shall,

(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,

(i) the loss of essential services,

(ii) situations involving a missing resident,

(iii) medical emergencies,
(iv) violent outbursts;

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;

(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.

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

2. Evacuation of the retirement home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.

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's written emergency plan did not meet the prescribed requirements and was not personalized to the home. In addition to this the Licensee had not completed the required testing of the plan.

Outcome

Corrective action scheduled to be completed by the Licensee by March 25, 2016.

4. 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.

27. (5) The licensee of a retirement home shall ensure that,

(a) if an infectious disease outbreak occurs in the home, the outbreak is reported to the local medical officer of health or designate and the licensee defers to the officer or designate, as the case may be, for assistance and consultation as appropriate;

(b) if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted;

(c) processes for meeting the requirements in clauses (a) and (b) are established and the processes are recorded in writing.

27. (8) The licensee of a retirement home shall ensure that,

(b) each resident is screened for tuberculosis within 14 days of commencing residency in the home, unless the resident has been screened not more than 90 days before commencing residency and the documented results of the screening are available to the licensee;

(c) each member of the staff has been screened for tuberculosis and all other infectious diseases that are appropriate in accordance with evidence-based practices or, if there are no such practices, in accordance with prevailing practices;

Inspection Finding

The Licensee did not have written procedures in place for an infection prevention and control program that met the prescribed requirements or were personalized to the home. In addition to this the Licensee had not completed the required screening for t.b. or infectious disease.

Outcome

Corrective action scheduled to be completed by the Licensee by March 25, 2016.

5. 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.

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:

2. Presence of infectious diseases.
3. Risk of falling.
4. Known allergies.
5. Dietary needs including known food restrictions.
7. Risk of harm to self and to others.
8. Risk of wandering.
9. Needs related to drugs and other substances.

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

7. The matters listed in subsection 43 (2).

Inspection Finding

The Licensee's assessments did not contain all of the required content.

Outcome

Corrective action scheduled to be completed by the Licensee by March 25, 2016.

6. 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.

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;

(b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

(c) the protection afforded for whistle-blowing described in section 115;

(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

(f) fire prevention and safety;

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.

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,

(a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items;

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

Inspection Finding

The Licensee did not show evidence of completing training with staff prior to their working at the home. In addition to this there was no evidence of ongoing training being completed with staff.

Outcome

Corrective action scheduled to be completed by the Licensee by March 25, 2016.

7. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.

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

20. (4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

Inspection Finding

Staff who was preparing the meal at the time of the inspection did not have a food handler's certificate.

Outcome

Corrective action scheduled to be completed by the Licensee by March 25, 2016.

8. 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

A written falls procedure was seen but it was not personalized to the home nor implemented.

Outcome

Corrective action scheduled to be completed by the Licensee by March 25, 2016.

9. 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;

(b) strategies for interventions 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 Licensee had a written behaviour management strategy but it had not been implemented and followed with respect to development of behavioural plans in resident's plan of care as appropriate.

Outcome

Corrective action scheduled to be completed by the Licensee by March 25, 2016.

10. 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,

(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,

(ii) the safe disposal of syringes and other sharps,

(iii) recognizing an adverse drug reaction and taking appropriate action;

Inspection Finding

There was evidence UCP training was done however there was no evidence the training included the required items as listed.

Outcome

Corrective action scheduled to be completed by the Licensee by March 25, 2016.

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
	February 25, 2016