

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

Inspection Information	
Date of Inspection: October 2, 2015	Name of Inspector: Douglas Crust
Inspection Type: Compliance Inspection	
Licensee: Arul Oli Senior Centre / 8 Snowy Owl Way, Scarborough, ON M1X 0B4 (the "Licensee")	
Retirement Home: Arul Oli Senior Centre / 8 Snowy Owl Way, Scarborough, ON M1X 0B4 (the "home")	
Licence Number: T0293	

Purpose of Inspection
The RHRA conducts compliance inspections as set out in section 77(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>54. (2) The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (d) the licensee's procedure for complaints mentioned in subsection 73 (1); (l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers;
<p>Inspection Finding</p> <p>The package of information to be made available to prospective residents is incomplete and does not include the Licensee's policy to promote zero tolerance of abuse and neglect, the Licensee's procedure for complaints, and a statement that the resident may purchase or apply for care services, other services, programs or goods from external care providers.</p>
<p>Outcome</p> <p>Corrective action required by the Licensee.</p>
<p>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. 26; Emergency plan, retirement home with 10 or fewer residents.</p>

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

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

26. The emergency plan for a retirement home that has 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:

1. The plan shall be developed in consultation with the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
2. The plan shall identify and address hazards and risks that may give rise to an emergency affecting the home.
3. The plan shall include steps in the evacuation of the 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.
5. The plan shall identify the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
6. The licensee shall ensure that the plan is 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 Emergency Plan is incomplete and does not include current arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency. The Licensee provided no evidence of annual testing of the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency related to: loss of essential services, medical emergencies, or violent outbursts. There was no evidence that the Emergency Plan: was developed in consultation with relevant community agencies, partner facilities and resources that will be involved in responding to an emergency; identifies and addresses hazards and risks that may give rise to an emergency affecting the home; includes steps in the evacuation of the home including a system to account for whereabouts of all residents; identifies relevant community agencies, partner facilities and resources that will be involved in responding to an emergency; is updated at least annually and that the updating includes contact information for community agencies, partner facilities and resources.

Outcome

Corrective action required 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.

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;

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,

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

(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;

Inspection Finding

The Licensee did not provide evidence of an infection control program which: ensures 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; and includes both reporting infectious disease outbreaks to the medical officer of health or designate and deferring to the local medical officer of health or designate for assistance and consultation as appropriate. The Licensee did not provide evidence of staff training in maintaining proper hand hygiene and preventing cross contamination including proper handling of soiled linens, the protection of uniforms, and separation of clean and dirty items and the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Outcome

Corrective action required 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; Additional training for direct care staff.**

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,

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

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

Staff have not received receive training in the Licensee’s policy in the use of personal assistance services devices and behaviour management

Outcome

Corrective action required by the Licensee.

5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Contents.

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):

67. (5) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,

(c) provide for a program for preventing abuse and neglect;

(e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;

(f) set out the consequences for those who abuse or neglect residents;

(g) comply with the prescribed requirements, if any, respecting the matters described in clauses (a) to (f);

(h) deal with the additional matters, if any, that are prescribed.

15. (1) The program for preventing abuse and neglect described in clause 67 (5) (c) of the Act shall entail training and retraining requirements for all staff of the retirement home, including,

(b) situations that may lead to abuse and neglect and how to avoid such situations.

15. (2) The procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents described in clause 67 (5) (e) of the Act shall include details outlining who will undertake the investigation and who will be informed of the investigation.

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

- (a) contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (b) contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
- (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;
- (g) provide that the licensee of the retirement home shall ensure that,
 - (i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,
 - (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
 - (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
 - (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented,
 - (v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

Inspection Finding

The Licensee's Policy to Promote Zero Tolerance of Abuse and Neglect does not include: a program for preventing abuse and neglect; procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect; set out consequences for staff and visitors who abuse or neglect residents. The Policy does not include staff training on situations that may lead to abuse and neglect and how to avoid such situations. The procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents is incomplete with respect to who will undertake the investigation and who will be informed (i.e. in the event the owner/ operator is the subject of a complaint). The Policy also does not address: procedures and interventions to assist and support residents; procedures and interventions to deal with persons who have, or are alleged to have, abused or neglected residents; notification of SDM's/ other persons specified by the resident immediately in cases of abuse or neglect resulting in physical injury or pain or that causes distress or that could be potentially detrimental to the resident, or within 12 hours upon the Licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect. The Policy further does not include: notification of the resident or the resident's substitute decision maker of the results of the investigation immediately upon completion; an analysis of every incident is undertaken promptly, at least once per year evaluation of the effectiveness of the policy and what changes and improvements might be made to prevent further occurrences; the results of the analysis are taken into

account in the evaluation; changes and improvements are promptly implemented; a written record of the evaluation and changes and improvements is kept including the date of the evaluation, names of the persons involved and dates of changes and improvements implemented.

Outcome

Corrective action required by the licensee.

6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Procedure for complaints to licensee.

The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.

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

73. (1) Every licensee of a retirement home shall ensure that there is a written procedure for a person to complain to the licensee about the operation of the home and for the way in which the licensee is required to deal with complaints.

59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,
(d) the final resolution, if any, of the complaint;
(e) every date on which any response was provided to the complainant and a description of the response;

Inspection Finding

The Licensee did not provide evidence of a written complaint procedure that states that all complaints will be investigated and if harm or risk of harm is alleged the investigation shall commence immediately. The licensee's written complaint record does not include final resolution, if any, of the complaint and every date on which a response was provided to the complainant and a description of the response.

Outcome

Corrective action required by the Licensee.

7. 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;

Inspection Finding

The Licensee’s behaviour management strategy did not include: techniques to prevent and address resident behaviours that pose a risk, and strategies for interventions to prevent or address resident behaviours that may pose a risk.

Outcome

Corrective action required by the Licensee.

8. 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

The Licensee did not provide evidence of staff training in safe disposal of syringes and other sharps and recognizing an adverse drug reaction and taking appropriate action.

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 February 25, 2016
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