

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

Inspection Information	
Date of Inspection: February 2, 2016	Name of Inspector: Rachelle Harber
Inspection Type: Routine Inspection	
Licensee: Jah-Jireh Seniors Ministry Association / 4505 30 Road, Beamsville, ON L0R 1B3 (the "Licensee")	
Retirement Home: Jah-Jireh Seniors Ministry Association / 4505 30 Road, Beamsville, ON L0R 1B3 (the "home")	
Licence Number: S0208	

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 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; (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 homes package of information does not contain the requirements listed.</p>
<p>Outcome</p> <p>Corrective action scheduled to be completed by the Licensee by March 30, 2016</p>
<p>2. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>60. (4) Every licensee of a retirement home shall ensure that the following are in place for the home:</p>

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. (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;

(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.

Inspection Finding

The home did not test the emergency plan as required, including keeping a written record of the testing.

Outcome

Corrective action scheduled to be completed by the Licensee by March 30, 2016.

3. 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):

25. (2) 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.

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

- 1. Dealing with,
- ii. community disasters,

Inspection Finding

The homes emergency plan does not include the requirements listed.

Outcome

Corrective action scheduled to be completed by the Licensee by March 30, 2016.

4. 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.
7. Risk of harm to self and to others.
9. Needs related to drugs and other substances.

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:

1. Physical and mental health.
2. Functional capacity.
3. Cognitive ability.
4. Behavioural issues.
5. Need for care services.
6. Need for assistance with the activities of daily living.
7. The matters listed in subsection 43 (2).
8. Any other matter relevant to developing a plan of care for the resident.

Inspection Finding

The home's initial assessment of residents needs does not consider the requirements listed. The homes full assessment of residents needs does not consider the requirements listed. Further the home did not complete a full assessment on all residents as required.

Outcome

Corrective action scheduled to be completed by the Licensee by April 30, 2016.

- 5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going 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. (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.

14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

14. (5) The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

Inspection Finding

Staff did not complete ongoing training as required.

Outcome

Corrective action scheduled to be completed by the Licensee by May 30, 2016.

**6. 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,
(d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;

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,
(a) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care;
(b) situations that may lead to abuse and neglect and how to avoid such situations.

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,
(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 does not meet the legislative requirements as listed.

Outcome

Corrective action scheduled to be completed by the Licensee by May 30, 2016.

7. 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,
- (c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug;
 - (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,
 - (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,
 - (ii) the safe disposal of syringes and other sharps,
 - (iii) recognizing an adverse drug reaction and taking appropriate action;

Inspection Finding

Staff has not received the required training as listed in the administration of a drug.

Outcome

Corrective action scheduled to be completed by the Licensee by May 30, 2016.

8. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.

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

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.

Inspection Finding

The homes medication management policy does not include procedures for storing, administering and destroying and disposing of drugs correctly. Further, the home did not keep a written record of prescriptions for all medications.

Outcome

Corrective action scheduled to be completed by the Licensee by May 30, 2016.

9. 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. (1) The licensee of a retirement home shall keep a record for each resident of the home that complies with the requirements of this section.

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

- (a) documentation of all consents related to the collection, use, retention or disclosure of the resident's personal information, including personal health information;

Inspection Finding

The licensee did not ensure that the record for each resident includes the requirement listed.

Outcome

Corrective action scheduled to be completed by the Licensee by March 15, 2016.

**10. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 68; Policy re devices.
The Licensee failed to comply with O. Reg. 166/11, s. 52; Personal assistance services devices.**

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

68. (3) Every licensee of a retirement home shall ensure that there is a written policy regarding the use of personal assistance services devices for residents of the home and that the policy complies with the prescribed requirements, if any.

52. (1) Every licensee of a retirement home shall ensure that the home's written policy under subsection 68 (3) of the Act deals with,

- (a) the duties and responsibilities of staff, including,
- (b) the prohibition on restraining a resident in any way under subsection 68 (1) of the Act except when restraining under the common law duty described in subsection 71 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;
- (c) the types of personal assistance services devices permitted to be used;
- (d) how consent to the use of personal assistance services devices as set out in section 69 of the Act is to be obtained and documented;
- (e) alternatives to the use of personal assistance services devices, including how the alternatives are planned, developed and implemented, using an interdisciplinary approach;
- (f) how the use of personal assistance services devices in the home will be evaluated to ensure that all necessary use of a personal assistance services device is done in accordance with the Act and this Regulation.

Inspection Finding

The homes written personal assistance services devices (PASD's) policy does not deal with the requirements listed.

Outcome


Corrective action scheduled to be completed by the Licensee by March 30, 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 March 3, 2016
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