

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

Inspection Information	
<b>Date of Inspection:</b> January 5, 2016	<b>Name of Inspector:</b> Georges Gauthier
<b>Inspection Type:</b> Mandatory Reporting Inspection	
<b>Licensee:</b> 1582611 Ontario Ltd. / 99 Walford Road, Sudbury, ON P3E 6K3 (the "Licensee")	
<b>Retirement Home:</b> The Walford On The Park (Copper Cliff) / 38 Godfrey Drive, Copper Cliff, ON P0M 1N0 (the "home")	
<b>Licence Number:</b> N0172	

Purpose of Inspection
The RHRA received a report under section 75(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Involvement of resident, etc..</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</b>  <b>The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>62. (5)</b> The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate in the development, implementation and reviews of the resident’s plan of care.</p> <p><b>62. (9)</b> The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:</p> <p>1. The resident or the resident’s substitute decision-maker.</p> <p><b>62. (12)</b> The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,</p> <p>(b) the resident’s care needs change or the care services set out in the plan are no longer necessary;</p> <p><b>44. (2)</b> The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:</p> <p>7. The matters listed in subsection 43 (2).</p>
Inspection Finding

There was no evidence to show resident or substitute decision maker involvement in care planning and no copies of the Plan of Care were being provided to the resident or the substitute decision-maker. The Full Assessments and Plans of Care for the involved residents did not reflect the behavioural issues encountered since documents were originally completed. The reassessment and review of a Plan of Care for a resident was overdue by over 2 months and was not updated to address her behavioural issues. The new Full Assessment form presented did not address allergies or needs related to drugs and other substances.

**Outcome**

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

**2. 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,

(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 Behaviour Management Strategy did not address strategies for monitoring residents that demonstrated behaviours that pose a risk. The protocols for how staff and volunteers are to report and be informed of residents that pose a risk to the resident and others in the home were not implemented. The strategy also required that a Heightened Monitoring Incident Report be to be filled out and there was no evidence to show this had been implemented.

**Outcome**

Corrective action taken by the Licensee.

**3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance.**

**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. (4)** Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.

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

(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;

(f) provide that the licensee of the retirement home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence;

**Inspection Finding**

There was no evidence to show the abuse policy was complied with in relation to the investigation of the abuses reported. The abuse policy did not address the need to inform the resident or the resident’s substitute decision maker of the results of an investigation immediately upon the conclusion of the investigation. Further, the abuse policy did not address the legislation in relation to the notification of police.

**Outcome**

Corrective action scheduled to be completed by the Licensee by February 29th, 2016.

**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,

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

There was no evidence to show that all staff received training in the listed items as required.

**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 March 24, 2016
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