

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

Inspection Information	
<b>Date of Inspection:</b> January 12, 2016	<b>Name of Inspector:</b> Rachelle Harber
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Pranajen Group Ltd. / 220 Dundas Street, Whitby, ON L1N 8M7 (the "Licensee")	
<b>Retirement Home:</b> Nimigon Retirement Home / 7715 Beaverdams Road, Niagara Falls, ON L2H 2J4 (the "home")	
<b>Licence Number:</b> S0089	

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 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.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>60. (4)</b> Every licensee of a retirement home shall ensure that the following are in place for the home:</p> <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.</p> <p><b>24. (4)</b> The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.</p> <p><b>24. (5)</b> The licensee shall,</p> <p>(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,</p> <p>(i) the loss of essential services,</p> <p>(ii) situations involving a missing resident,</p> <p>(iii) medical emergencies,</p> <p>(iv) violent outbursts;</p> <p>(b) at least once every two years, conduct a planned evacuation of the retirement home;</p> <p>(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.</p>

**Inspection Finding**

The homes emergency plan does not meet the requirements as listed. Further, the home did not complete annual testing of the emergency plan, including keeping a written record of the testing.

**Outcome**

Corrective action required by the Licensee.

**2. 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,

- (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:

- 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.
- 4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency.

**25. (4)** The licensee shall ensure that the emergency plan addresses the following components:

- 4. Specific staff roles and responsibilities.

**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 homes emergency plan does not meet the requirements as listed.

**Outcome**

Corrective action required by the Licensee.

**3. 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:

- 3. Risk of falling.

**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:

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

**Inspection Finding**

There is a lack of evidence to support that residents assessments are being completed within the required time frames. Further, the initial and full assessments do not consider risk of falling.

**Outcome**

Corrective action taken by the Licensee.

**4. 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.**

**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):

**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.

**55. (5)** A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,  
(c) the skills, qualifications and training of the staff who work in the home;

**Inspection Finding**

Staff did not complete the required training as listed.

**Outcome**

Corrective action required by the Licensee.

**5. 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**

The licensee did not ensure that at least one person involved in preparing food has a current certificate in food handling as per the Regulation.

**Outcome**

Corrective action taken by the Licensee.

**6. 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,  
(iii) recognizing an adverse drug reaction and taking appropriate action;

**Inspection Finding**

Staff has not received the required training as listed as per the Regulation.

**Outcome**

Corrective action required by the Licensee.

**7. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

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

- 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,
- (a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered;

**Inspection Finding**

Staff did not ensure that a written record of administration of a drug is kept for each medication administered.

**Outcome**

Corrective action taken by the Licensee.

**8. The Licensee failed to comply with O. Reg. 166/11, s. 41; Dementia care program.**

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

- 41. (1)** If the licensee of a retirement home provides a dementia care program to a resident of the home, the licensee shall ensure that the program complies with this section.
- 41. (2)** The program shall include,
- (a) therapies, techniques and activities, including mental stimulation, to maximize the functioning and independence of the resident in the areas of physical, cognitive, sensory and social abilities;
  - (b) monitoring the resident for safety and wellbeing;
  - (c) therapies, techniques and activities to promote quality of life and wellbeing for the resident;
  - (d) strategies for communicating with the resident if the resident has compromised communication and verbalization skills, a cognitive impairment or cannot communicate in the languages used in the retirement home;
  - (e) strategies for identifying and addressing triggers for responsive behaviours if the resident exhibits responsive behaviours.
- 41. (3)** The program shall be developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
- 41. (4)** The program shall be supervised by a member of a College, as defined in the Regulated Health Professions Act, 1991, with specific training in dementia care and care of older adults.

**Inspection Finding**

The licensee did not ensure that the homes dementia care program complies with the Regulation.

**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 28, 2016
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