

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

Inspection Information	
Date of Inspection: February 4, 2016	Name of Inspector: Michael Hickey
Inspection Type: Compliance Inspection	
Licensee: 1583187 Ontario Inc. / 307 King Street, Hamilton, ON L8N 1C1 (the "Licensee")	
Retirement Home: Sheridan Lodge / 6 Sheridan Street, Brantford, ON N3T 2P6 (the "home")	
Licence Number: S0161	

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 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. The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.</p> <p>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.</p> <p>47. (2) No later than 21 days after a resident commences residency in a retirement home, the licensee of the home shall develop a complete plan of care for the resident based on the full assessment of the resident's care needs and preferences conducted under section 44 that takes into account all of the matters that must be considered in a full assessment.</p>
<p>Inspection Finding</p> <p>A compliance inspection revealed the Licensee failed to ensure that prescribed assessments were completed with respect to residents' care needs and used to develop prescribed plans of care for the residents. Specifically, a resident was noted as having a bed sore and no indication was found that a full assessment was completed by a member of a College as defined in the Regulated Health Professions Act, 1991 with respect to skin and wound care. Plans of care were not developed in accordance with s. 47 of Ontario Regulation 166/11.</p>

Outcome

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

- 2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.
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. 55; Contents of records.**

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;
- (e) injury prevention;
- (f) fire prevention and safety;
- (g) the licensee’s emergency evacuation plan for the home mentioned in subsection 60 (3);
- (h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);
- (i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person’s duties;
- (j) all other prescribed matters.

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.

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

A compliance inspection revealed that a staff member who works in the home was hired on September 21, 2015. Records kept by the home for training provided to the staff member indicate that the employee was trained on some prescribed topics of training in November of 2015 and not prior to working in the home as prescribed. Additional training records did not demonstrate that all required training had been provided to the staff member.

Outcome

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

3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.

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

- 62. (12)** 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,
- (b) the resident’s care needs change or the care services set out in the plan are no longer necessary;

Inspection Finding

A compliance inspection revealed the Licensee failed to demonstrate the residents' plans of care were revised as prescribed every six months and did not reflect resident's care needs as being changed or the need for ongoing care services. Specifically, a resident was assessed as having a bed sore upon intake into the home and during the development of the plan of care. No indication was found in the plan of care to account for how the skin and wound care need was addressed or resolved. The Licensee is noted as not providing a skin and wound program. No indication was found in the plan to demonstrate that external care providers had completed a routine to resolve the skin and wound care need.

Outcome

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

4. The Licensee failed to comply with O. Reg. 166/11, s. 36; Continence care.

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

- 36. (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 continence care, the licensee shall establish a continence care program that includes,
- (a) measures to promote continence;
 - (b) measures to prevent constipation, including nutrition and hydration protocols;
 - (c) toileting programs;
 - (d) strategies to maximize the resident’s independence, comfort and dignity, including the use of equipment, supplies, devices and assistive aids.

Inspection Finding

A compliance inspection revealed the Licensee failed to establish a continence care program for residents of the home requiring continence care. Inspection revealed that continence assistance records kept by the home had been completed by staff in advance of providing the care service assistance to residents listed as requiring assistance. Records were noted as being completed four days in advance of the inspection date.

Outcome

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

5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.

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

- 62. (4)** The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,
- (b) the planned care services for the resident that the licensee will provide, including,
 - (i) the details of the services,
 - (iii) clear directions to the licensee’s staff who provide direct care to the resident;

Inspection Finding

A compliance inspection revealed the plans of care in place for residents of the home did not specify as prescribed, the details of the care services provided to the residents and did not contain clear directions to the Licensee's staff who provided direct care to the residents.

Outcome

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

6. The Licensee failed to comply with O. Reg. 166/11, s. 17; Cleanliness.

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

- 17. (3)** The licensee shall document the routines and methods used to comply with subsections (1) and (2).

Inspection Finding

A compliance inspection revealed the Licensee failed to document the routines and methods used to ensure common areas of the home including common bathrooms were clean and sanitary as prescribed.

Outcome

Corrective action taken 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

A compliance inspection revealed the Licensee failed to ensure that staff who administer drugs and other substances to residents of the home prepared prescribed written records of the administration of the drugs

or other substances. Specifically, on the morning of inspection noon-time insulin orders were recorded as being already provided on the medication administration record. The staff member charged with the delivery of medication had completed the records in the a.m. hours ahead of delivery of the medications. Additionally, medication administration records were missing or incomplete for residents without explanation in the records to identify refused, or missed administration of the medications.

Outcome

Corrective action taken 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 April 13, 2016
---	------------------------