

# FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

**Inspection Information** 

**Date of Inspection:** March 22, 2016 **Name of Inspector:** Mark Dennis

**Inspection Type:** Routine Inspection

Licensee: M2 Developments Inc. / 18 O'Brien Avenue, Stouffville, ON L4A 1G6 (the "Licensee")

Retirement Home: Gardens of Parry Sound / 12 College Drive, Parry Sound, ON P2A 0A9 (the "home")

Licence Number: N0386

### **Purpose of Inspection**

The RHRA conducts routine inspections as set out in section 77(3) of the *Retirement Homes Act, 2010* (the "RHA").

### **NON-COMPLIANCE**

1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.

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

- **54. (2)** The package of information shall include, at a minimum,
  - (t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;

#### **Inspection Finding**

The Licensee Information Package did not provide staffing information and qualifications as required by the Act.

# **Outcome**

Corrective Action Taken by the Licensee.

2. The Licensee failed to comply with O. Reg. 166/11, s. 11; Posted information.

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

- **11. (1)** For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:
  - 3. An explanation of the procedures to be followed in the case of an evacuation.

#### **Inspection Finding**

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The Licensee did not post information in the home regarding instructions for an evacuation.

#### **Outcome**

Corrective Action Taken by the Licensee.

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.** (4) The licensee shall ensure that the emergency plan addresses the following components:
  - 2. Lines of authority.
  - 3. Communications plan.
  - 4. Specific staff roles and responsibilities.

# **Inspection Finding**

The Licensee Emergency Plan did not address Lines of Authority, Communication Plans or Staff Roles and Responsibilities.

#### **Outcome**

Corrective Action Taken by the Licensee.

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:
  - 4. Known allergies.
  - 7. Risk of harm to self and to others.
  - 8. Risk of wandering.
- 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**

The Licensee Resident Initial Assessment does not include Allergies, Risk of Harm to Self or Others and Risk of Wandering. Further, the Full Assessment did not provide considerations listed in the Initial Assessment.

#### **Outcome**

Corrective Action Taken by the Licensee.

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# 5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.

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;

# **Inspection Finding**

The Licensee did not provide training for staff on Zero Tolerance Abuse and Neglect Policy.

#### **Outcome**

Corrective Action Taken by the Licensee.

# 6. 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):

- **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;
  - (c) identify measures and strategies to prevent abuse and neglect;

# **Inspection Finding**

The contents of the Licensee Abuse Policy does not include procedures to support/neglected residents nor strategies to prevent abuse/neglect.

#### **Outcome**

Corrective Action Taken 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;

# **Inspection Finding**

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The Licensee written Behavior Management strategy does not include techniques to prevent and address resident behaviors that pose a risk.

# Outcome

Corrective Action Taken by the Licensee.

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# **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 <a href="http://rhra.ca/en/register/">http://rhra.ca/en/register/</a>

Signature of Inspector	Date
M	April 18, 2016

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