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

Inspection Information	
Date of Inspection: March 29, 2016	**Name of Inspector:** Janet Evans
Inspection Type: Compliance Inspection	
Licensee: 2455810 Ontario Inc. / 109 West Oak Crescent, Toronto, ON M9N 3Z7 (the "Licensee")	
Retirement Home: Magnolia Retirement Home / 320 Dalhousie Street, Brantford, ON N3S 3V7 (the "home")	
Licence Number: S0373	

Purpose of Inspection
The RHRA conducts compliance inspections as set out in section 77(1) 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. **The Licensee failed to comply with O. Reg. 166/11, s. 10; Package of information for residents.** Specifically, the Licensee failed to comply with the following subsection(s): **54. (2)** The package of information shall include, at a minimum, (b) a statement that, if the retirement home also falls within the meaning of a care home as defined in the Residential Tenancies Act, 2006, nothing in this Act overrides or affects the provisions of the Residential Tenancies Act, 2006 that would otherwise apply with respect to the home as a care home; (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (e) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents; (g) information about the role of the Authority and its contact information; (h) information about the Residents' Council, including any information that the Residents' Council provides for inclusion in the package; (l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers; (m) information about the licensee's process for assisting residents to purchase or apply for care services and other services, programs or goods from external providers; (n) information regarding the rights of residents if the licensee chooses to reduce or discontinue the care services that the licensee provides to residents;

(o) disclosure of any non-arm's length relationships that exist between the licensee and external care providers;

(p) contact information for the community care access corporation approved as an agency under subsection 5 (1) of the Home Care and Community Services Act, 1994 for the area in which the retirement home is located;

(q) information relating to the assessments required to prepare a plan of care, including a resident's right to apply for publicly funded assessments;

(r) information about the licensee's process for assisting a resident in his or her transition to a long-term care home or other place of residence;

10. For the purposes of clause 54 (2) (v) of the Act, the package of information mentioned in clause 54 (1) (a) of the Act that a licensee of a retirement home is required to give to every resident of the home shall include,

(a) a statement that section 62 of the Act requires the licensee to assess a resident when the resident commences residency in the home and to reassess the resident every six months but that the licensee is not authorized to assess or reassess a resident without the resident's consent;

(b) a statement that the residents have the right to form a Residents' Council if one does not yet exist;

(c) a statement whether the licensee offers programs, activities or services to encourage the mental stimulation of residents and, if so, information about them;

(d) a statement whether the licensee offers programs, activities or services to address the social, recreational and spiritual needs of residents and, if so, information about them;

(e) information about how to reduce the incidence of infectious disease outbreaks, including the need for and method of maintaining proper hand hygiene and the need for and process of reporting infectious illness;

(f) information about the strategies the licensee has implemented to reduce or mitigate the risk of falls in common areas of the home;

(g) a statement as to whether or not services in the home are provided in French or in any other languages in addition to English and, if so, a list of those languages;

(h) a statement that section 68 of the Act prohibits the licensee and external care providers who provide care services in the home from restraining a resident of the home in any way including by the use of a physical device or by the administration of a drug except as permitted by section 71 of the Act when immediate action is necessary to prevent serious bodily harm to a resident or to others;

(i) a statement whether the licensee allows a resident of the home to entrust money to the care of the licensee on behalf of the resident and if so, a copy of the written trust account policy and procedures described in subsection 57 (7);

(j) a statement that the Act does not require the licensee to audit trust accounts into which the licensee is required to deposit money entrusted into the licensee's care on behalf of a resident but that the Registrar may order the licensee to audit any such trust account;

(k) a statement that sections 77 and 80 of the Act authorize an inspector or an investigator respectively to inspect, copy and remove records containing a resident's personal information, including personal health information, from the home for the purpose of determining whether the licensee is in compliance with the requirements of the Act.

Inspection Finding

The Licensee's CHIP package did not include the required information or the information was incorrect. At the time of the inspection only one staff member was working in the home.

Outcome

Corrective action required by the Licensee.

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.
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):

60. (4) Every licensee of a retirement home shall ensure that the following are in place for the home:

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. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

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;

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:

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.

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 Licensee's written emergency plan did not meet the prescribed requirements and was not personalized to the home. The Licensee had not completed the required testing of the plan.

Outcome

Corrective action required by the Licensee.

3. 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. 27; Infection prevention and control program.

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

60. (4) Every licensee of a retirement home shall ensure that the following are in place for the home:

2. An infection prevention and control program that meets the prescribed requirements.

27. (4) The licensee of a retirement home shall ensure that a written surveillance protocol is established in consultation with the local medical officer of health or designate in order to identify, document and monitor residents who report symptoms of respiratory or gastrointestinal illness.

27. (5) The licensee of a retirement home shall ensure that,

(b) if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted;

(c) processes for meeting the requirements in clauses (a) and (b) are established and the processes are recorded in writing.

27. (8) The licensee of a retirement home shall ensure that,

(b) each resident is screened for tuberculosis within 14 days of commencing residency in the home, unless the resident has been screened not more than 90 days before commencing residency and the documented results of the screening are available to the licensee;

(c) each member of the staff has been screened for tuberculosis and all other infectious diseases that are appropriate in accordance with evidence-based practices or, if there are no such practices, in accordance with prevailing practices;

Inspection Finding

The Licensee's written procedures for an infection prevention and control program did not meet the prescribed requirements.

Outcome

Corrective action required by the Licensee.

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

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,

(a) the care services that are part of a package of care services that the resident is entitled to receive under the resident's agreement with the licensee, whether or not the resident receives the services;

(b) the planned care services for the resident that the licensee will provide, including,

(i) the details of the services,

(ii) the goals that the services are intended to achieve,

(iii) clear directions to the licensee's staff who provide direct care to the resident;

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.
4. Known allergies.
5. Dietary needs including known food restrictions.
8. Risk of wandering.
9. Needs related to drugs and other substances.

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's assessments did not contain all of the required content. The Licensee had evidence of completing a plan of care for residents but those reviewed at the time of the inspection were not fully aligned to the requirements of the legislation.

Outcome

Corrective action required by the Licensee.

5. 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; On-going training.
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.

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;

(f) fire prevention and safety;

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.

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.

Inspection Finding

The Licensee did not provide evidence to show compliance of with meeting their obligation to train staff prior to their working at the home or for ongoing training being completed with staff.

Outcome

Corrective action required by the Licensee.

6. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.

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

22. (1) Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.

Inspection Finding

A written falls procedure was seen but it was not personalized to the home and the Licensee was not following the documented procedures in its entirety.

Outcome

Corrective action required 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;

(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;

(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 Licensee had a written behaviour management strategy but it had not been implemented and followed with respect to development of behavioural plans in resident's plan of care as appropriate.

Outcome

Corrective action required by the Licensee.

8. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.
The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.

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,

(d) a member of a College, as defined in the Regulated Health Professions Act, 1991, supervises the administration of the drug or other substance to the resident in the home;

(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,

(ii) the safe disposal of syringes and other sharps,

(iii) recognizing an adverse drug reaction and taking appropriate action;

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

At the time of the inspection the Licensee did not have an Regulated Healthcare Professional providing oversight to the medication administration program; the PSW stated that all but one resident self administered medications. Residents who were interviewed stated that the Licensee administered their medications to them. The Licensee failed to maintain documentation of medication administration in accordance with the regulations. The LIcensee did not provide documentation to support training related to sharps management and recognizing adverse reactions and taking appropriate actions.

Outcome

Corrective action required by the Licensee.

9. The Licensee failed to comply with O. Reg. 166/11, s. 40; Provision of a meal.

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

40. 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 provision of a meal, the licensee shall ensure that,

(b) menus provide adequate nutrients, fibre and energy for the resident, include fresh seasonal foods and are consistent with standards of good nutrition in Canada;

(c) the menu is varied and changes daily;

(d) the menu cycle changes at least every 21 days;

(e) the menu includes alternative entrée choices at each meal;

(f) an individualized menu is developed for the resident if the resident's needs cannot be met through the home's menu cycle;

(g) the resident is informed of his or her daily and weekly menu options;

(i) food service workers and staff assisting the resident are aware of the resident's diet, special needs and preferences;

Inspection Finding

The Licensee had posted a 28 day menu cycle however the menu was limited in its variation and staff did not follow the menu at the time of the inspection. In addition to this the menu was not consistent with standards of good nutrition. Although alternative choices were listed on the menu it did not appear that alternatives were prepared or offered. A physician's order for a special diet was seen but staff confirmed there were no special diets required.

Outcome

Corrective action required by the Licensee.

10. The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.
The Licensee failed to comply with O. Reg. 166/11, s. 56; Format and retention 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,

(b) if the resident was assessed for the purposes of developing the resident's plan of care, documentation of when the resident was assessed and by whom;

(f) if the licensee is required to deliver notice to the resident under clause 49 (1) (b) of the Act with respect to ceasing to operate the home as a retirement home, evidence that the licensee delivered the notice and that the resident received it;

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;

56. (2) This section applies to all records that the licensee of a retirement home is required to keep under the Act or this Regulation, including records relating to a resident, and documentation that the licensee is required to keep when providing a care service to a resident.

Inspection Finding

The Licensee had not completed and maintained the required records in accordance with the legislation. There was no evidence provided to confirm ongoing mandatory staff training. The Licensee confirmed residents had not been provided with a written notice re: the home ceasing to operate as a retirement home.

Outcome

Corrective action required by the Licensee.

11. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 77; Obligation to produce and assist.

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

77. (7) If an inspector makes a demand under clause (5) (d), the person having custody of the record shall produce it for the inspector within the time specified in the demand and, at the inspector's request, shall,

(a) provide whatever assistance is reasonably necessary to produce the record in a readable form, including using data storage, processing and retrieval devices and systems;

Inspection Finding

The Licensee failed to provide records in response to a demand to produce records as per the requirements of the legislation.

Outcome

Corrective action required by the Licensee.

12. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 44; Reduction in care services.

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

44. (1) A licensee of a retirement home shall not reduce the care services that the licensee makes available in the home, directly or indirectly, to the residents unless the licensee,

(a) has delivered directly to each resident a written notice indicating the date the reduction will take effect, at least the prescribed number of days before the reduction takes effect;

Inspection Finding

Residents confirmed that they had not received a notice that services were to be withdrawn.

Outcome

Corrective action taken by the Licensee.

13. The Licensee failed to comply with O. Reg. 166/11, s. 21; Hazardous substances.

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

21. (2) Every licensee of a retirement home shall ensure that all hazardous substances used by staff of the home or under their control are labelled properly and are kept inaccessible to residents at all times.

Inspection Finding

At the time of the inspection hazardous substances were observed unattended in the hall on the second floor.

Outcome

Corrective action required by the Licensee.

14. 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. (2) Every licensee of a retirement home shall ensure that bathrooms in common areas of the home that are used by residents are adequately stocked with supplies including toilet paper.

Inspection Finding

At the time of the inspection it was observed that three common bathrooms did not have any hand towels available.
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
	April 20, 2016