

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

Inspection Information	
<b>Date of Inspection:</b> March 15, 2016	<b>Name of Inspector:</b> Debbie Rydall
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 767948 Ontario Limited / 40 Toronto Street, Bradford, ON L3Z 1N6 (the "Licensee")	
<b>Retirement Home:</b> The LeBlanc Rest Home / 40 Toronto Street, Bradford, ON L3Z 1N6 (the "home")	
<b>Licence Number:</b> T0114	

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 O. Reg. 166/11, s. 10; Package of information for residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>10.</b> 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,</p> <ul style="list-style-type: none"> <li>(b) a statement that the residents have the right to form a Residents' Council if one does not yet exist;</li> <li>(c) a statement whether the licensee offers programs, activities or services to encourage the mental stimulation of residents and, if so, information about them;</li> <li>(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;</li> <li>(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;</li> <li>(f) information about the strategies the licensee has implemented to reduce or mitigate the risk of falls in common areas of the home;</li> <li>(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;</li> <li>(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;</li> </ul>

- (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 package of information provided to residents was not completely aligned with the requirements of the legislation as listed.

**Outcome**

Corrective action required 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.
- 4. Information about reporting to the Registrar matters relating to the care and safety of the residents of the home that is on a sign that the Registrar provides or that is in a form that the Registrar approves.
- 6. A copy of the most recent final inspection report prepared by an inspector under section 77 of the Act, subject to section 114 of the Act.

**Inspection Finding**

At the time of the inspection, not all of the required information was posted as per the legislation.

**Outcome**

Corrective action required by the Licensee.

**3. 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):

**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,
  - (ii) situations involving a missing resident,
  - (iii) medical emergencies,
  - (iv) violent outbursts;
- (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.

**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.

**Inspection Finding**

The inspection revealed that the home hadn't completed the required annual testing of their emergency plan. At the time of the inspection, there was no evidence to support that the resources required for an emergency situation were set aside, readily available and regularly tested as per the requirements of the legislation.

**Outcome**

Corrective action required by the Licensee.

- 4. 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. (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.

**Inspection Finding**

The infection prevention and control program was not specific to the home and not completely aligned with 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. 62; Plan of care.  
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. (1)** When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.

**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 was evidence to support that assessments were completed for residents; however the full assessment didn't consider needs relating to medication; risk of falls, risk of harm to self or others, allergies, diet, infections or risk of wandering. Plans of care had not been developed as required by the legislation.

**Outcome**

Corrective action required by the Licensee.

- 6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going 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. 29; Administration of drugs or other substances.  
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. (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.

**14. (2)** For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

**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,

- (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,
  - (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,
  - (ii) the safe disposal of syringes and other sharps,
  - (iii) recognizing an adverse drug reaction and taking appropriate action;

**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**

There was no evidence provided at the time of the inspection to support that staff received the required annual training as per the requirements of the legislation.

**Outcome**

Corrective action required by the Licensee.

**7. 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. (1)** The program for preventing abuse and neglect described in clause 67 (5) (c) of the Act shall entail training and retraining requirements for all staff of the retirement home, including,  
(a) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care;  
(b) situations that may lead to abuse and neglect and how to avoid such situations.

**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;  
(b) contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;  
(c) identify measures and strategies to prevent abuse and neglect;

**Inspection Finding**

The home's zero tolerance of abuse policy was not completely aligned to the requirements of the legislation as listed.

**Outcome**

Corrective action required by the Licensee.

**8. 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 falls strategy had been developed; however the reviewed strategy was not specific to the home and not completely aligned with the legislation. There was no evidence provided at the time of the inspection to support that staff document a fall, the response to the fall and any corrective actions taken.

**Outcome**

Corrective action required by the Licensee.

**9. 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):

**55. (2)** The record for each resident shall include,

- (a) documentation of all consents related to the collection, use, retention or disclosure of the resident’s personal information, including personal health information;
- (d) a copy of the resident’s most recent plan of care;
- (g) a copy of the written instructions and authorizations and acknowledgements of receipt of funds of the resident and the person acting on behalf of the resident that relate to money required to be held in trust under section 72 of the Act and that subclause 57 (9) (g) (ii) of this Regulation requires the licensee to retain.

**55. (3)** In addition to subsection (2), for each resident of a retirement home to which the licensee of the home provides at least one care service, the record shall include,

- (a) the following documents or information to the extent that they are reasonably available to the licensee:
  - (i) the name and contact information of the resident’s known substitute decision-makers, if any,
  - (ii) the name and contact information of the resident’s next of kin,
  - (iii) the name of the resident’s primary health care provider;
- (b) the information required under subsection 62 (11) of the Act.

**55. (4)** In addition to subsection (2), for each resident of a retirement home to which the licensee of the home provides at least one care service described in subsection 2 (1), the record shall include,

- (a) the resident’s health number;

**Inspection Finding**

The resident records reviewed at the time of the inspection did not contain all of the information required by the legislation.

**Outcome**

Corrective action required by the Licensee.

**10. The Licensee failed to comply with O. Reg. 166/11, s. 57; Trust for resident's money.**

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

**57. (2)** For the purposes of section 72 of the Act, if money is entrusted to the care of a licensee of a retirement home on behalf of residents of the home, the licensee shall establish and maintain at least one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee's care on behalf of the residents.

**57. (7)** If the licensee allows residents to entrust money to the licensee's care, the licensee shall establish a written policy and procedures for the management of trust accounts for residents and the petty cash trust money, which shall include,

- (a) a system to record the written authorizations required under subsection (10);
- (b) the hours when a resident, or the person acting on behalf of the resident, can make deposits to or withdrawals from the resident's funds in a trust account and make withdrawals from the petty cash trust money.

**57. (10)** A resident, or a person acting on behalf of a resident, who wishes to pay a licensee for rent, care services or other legitimate charges with money from a trust account shall provide the licensee with a written authorization that specifies what the charge is for, including a description of the goods or services provided, the frequency and timing of the withdrawal and the amount of the charge.

**Inspection Finding**

The Licensee does not maintain a non-interest bearing trust account at a financial institution for money entrusted to the Licensee's care on behalf of the residents and has not developed the required policies and procedures.

**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 May 10, 2016
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