

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

Inspection Information	
<b>Date of Inspection:</b> October 7, 2015	<b>Name of Inspector:</b> Douglas Crust
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Bethsaida Retirement Home Ltd / 29 Riverside Drive, Orangeville, ON L9V 1A6 (the "Licensee")	
<b>Retirement Home:</b> Bethsaida Retirement Home Ltd / 3 Hillside Drive, Orangeville, ON L9W 1P5 (the "home")	
<b>Licence Number:</b> T0245	

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. 53; Agreement required.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>53. (1)</b> The licensee of a retirement home shall enter into a written agreement with every resident of the home before the resident commences residency in the home.</p>
<p><b>Inspection Finding</b></p> <p>At the time of inspection a sample of three resident files were inspected. Of these, two did not have residency agreements on file and one had a residency agreement on file but it was dated four days after the resident was admitted to the home.</p>
<p><b>Outcome</b></p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>
<p><b>2. 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.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>24. (5)</b> The licensee shall,</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,

- (i) the loss of essential services,
- (ii) situations involving a missing resident,
- (iii) medical emergencies,
- (iv) violent outbursts;

**25. (3)** The licensee shall ensure that the emergency plan provides for the following:

- 1. Dealing with,
  - vi. chemical spills,
- 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.

**Inspection Finding**

At the time of inspection the Licensee did not provide evidence of annual testing of the emergency plan as per the legislation. The emergency plan content was not aligned with the legislation.

**Outcome**

The Licensee has submitted a plan to achieve compliance by May 17, 2016. RHRA to confirm compliance by inspection.

**3. 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):

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

**Inspection Finding**

At the time of inspection the Licensee’s infection control procedures were found not to be aligned with the legislation.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

- 4. 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; 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. 15; Policy of zero tolerance of abuse and neglect.**  
**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. 29; Administration of drugs or other substances.**

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. (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.

**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,

- (b) situations that may lead to abuse and neglect and how to avoid such situations.

**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.

**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;

**Inspection Finding**

At the time of the inspection the Licensee did not provide evidence of training for all staff in the areas identified above as required by the legislation.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

**5. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.**

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

- 59. (2)** The licensee shall ensure that a written record is kept in the retirement home that includes,
- (a) the nature of each verbal or written complaint;
  - (b) the date that the complaint was received;
  - (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
  - (d) the final resolution, if any, of the complaint;
  - (e) every date on which any response was provided to the complainant and a description of the response;

**Inspection Finding**

At the time of the inspection the Licensee provided no written record of complaints received by the home including the content prescribed in the regulation.

**Outcome**

The Licensee took corrective action to achieve compliance.

**6. 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**

At the time of the inspection the most recent kitchen staffing schedules were reviewed and it was identified that the Licensee did not always meet the prescribed requirements.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

**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,

- (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**

At the time of the inspection the Licensee's behaviour management strategy did not meet all of the requirements as per the legislation.

**Outcome**

The Licensee submitted a plan to achieve compliance by May 15, 2016. RHRA to confirm compliance by inspection.

**8. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.**

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

**30.** If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

- (a) the drugs or other substances are stored in an area or a medication cart that,
  - (ii) is locked and secure,
- (b) controlled substances as defined in the Controlled Drugs and Substances Act (Canada) are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart;

**Inspection Finding**

At the time of the inspection the Licensee did not ensure that drugs or other substances were stored as per the legislation.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

**9. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.**

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

**31. (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 the administration of a drug or other substance, the licensee shall establish a medication management system, which includes written policies and procedures, to ensure that all drugs and other substances to be administered to residents of the home are acquired, received in the home, stored, dispensed, administered, destroyed and disposed of correctly as required by law and in accordance with prevailing practices.

**Inspection Finding**

At the time of inspection the Licensee’s written policies and procedures for medication management were found not to be aligned with the legislation.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

**10. 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;
- (b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991;

**Inspection Finding**

At the time of inspection the Licensee’s written record of administration of a drug did not meet the requirements per the legislation.

**Outcome**

The Licensee submitted a plan to achieve compliance by May 20, 2016. RHRA to confirm compliance by inspection.

**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 16, 2016
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