RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: March 30, 2016	**Name of Inspector:** Debbie Rydall
Inspection Type: Mandatory Reporting Inspection	
Licensee: 2418400 Ontario Ltd. / 7 Harriet Street, Penetanguishene, ON L9M 1K8 (the "Licensee")	
Retirement Home: Georgian Bay Retirement Home / 7 Harriet Street, Penetanguishene, ON L9M 1K8 (the "home")	
Licence Number: N0357	

Purpose of Inspection
The RHRA received a report under section 75(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. 62; Plan of care. **The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Assessment only with consent, etc..** **The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.** **The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.** **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.** 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. **62. (2)** Nothing in this section authorizes a licensee to assess or to reassess a resident without the resident's consent. **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;

62. (9) The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:

1. The resident or the resident's substitute decision-maker.

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).

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.

Inspection Finding

The inspection confirmed that an assessment and 24hr plan of care had been completed at the time that a resident had moved into the home on February 23, 2016; however the assessment was not completely aligned with the legislation and the plan of care didn't include the planned care services, including the residents requirements relating to oxygen, wound care or the resident's fall risk and did not identify the resident as being palliative. A complete plan of care had not been developed as required. There was no evidence to support that the resident or SDM had consented to the assessment or that the resident or SDM had been given an opportunity to participate in the development and implementation of the plan of care and there was no evidence to support that the plan of care had been approved by the resident or SDM.

Outcome

The Licensee must take corrective action to achieve compliance.

2. 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.

22. (4) Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

Inspection Finding

The Falls Prevention Policy was not aligned with the legislation and further there was no evidence to support that the home had implemented their current policy as the plan of care didn't identify the resident's fall risk or any interventions to mitigate the risk of falls and although there was evidence to support that most falls had been documented there was no evidence to support that the resident was reassessed within 48hrs of a fall as per the home's policy.

Outcome

The Licensee submitted plan to achieve compliance by May 31, 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
	June 17, 2016