

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

Inspection Information	
Date of Inspection: June 22, 2016	Name of Inspector: Corina Gadde
Inspection Type: Mandatory Reporting Inspection	
Licensee: Symphony Senior Living Ottawa LP / 20 Toronto Street, Toronto, ON M5C 2B8 (the "Licensee")	
Retirement Home: Moments Manor, Orleans / 1510 St. Joseph Boulevard, Orleans, ON K1C 7L1 (the "home")	
Licence Number: N0273	

Purpose of Inspection
The RHRA received a report under section 75(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p>1. The Licensee failed to comply with O. Reg. 166/11, s. 41; Dementia care program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>41. (2) The program shall include, (b) monitoring the resident for safety and wellbeing;</p>
<p>Inspection Finding</p> <p>The home failed to demonstrate consistent monitoring for safety and wellbeing of a resident as required for a dementia care program.</p>
<p>Outcome</p> <p>The Licensee has advised it has taken corrective action. RHRA to confirm compliance by inspection.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Documentation.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

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,

- (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.

62. (11) The licensee shall ensure that the following are documented in accordance with the regulations, if any:

- 1. The provision of the care services set out in the plan of care.
- 2. The outcomes of the care services set out in the plan of care.
- 3. The effectiveness of the plan of care.

62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,

- (b) the resident’s care needs change or the care services set out in the plan are no longer necessary;
- (c) the care services set out in the plan have not been effective.

47. (4) Subject to subsections (5) and (6), a plan of care for a resident is complete if the plan,

- (b) sets out,
 - (ii) the names and contact information of the resident’s substitute decision-makers, if any,
 - (iii) the names of the persons who participated in the development of the plan and whether the resident and his or her substitute decision-makers, if any, participated in the development of the plan;

Inspection Finding

A resident’s plan of care was not updated as required after the resident’s condition changed and did not accurately reflect the care needs of the resident. The plan of care did not include clear directions to staff, or goals that the care services are intended to achieve. The plan of care did not include the required substitute decision maker information and was not approved by the substitute decision maker. Documentation did not demonstrate the provision of the care services set out in the plan of care or outcomes of the care services for the resident.

Outcome

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

3. 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. (3) If a resident of a retirement home falls in the home in circumstances other than those described in subsection (2) and the licensee or a staff member becomes aware of the fall, the licensee shall ensure that the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.

Inspection Finding

A resident was falling frequently. The home did not adequately document the responses to the falls and did not document corrective actions taken, if any.

Outcome

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

4. The Licensee failed to comply with O. Reg. 166/11, s. 36; Continence care.

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

36. (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 continence care, the licensee shall establish a continence care program that includes,

- (a) measures to promote continence;
- (c) toileting programs;
- (d) strategies to maximize the resident’s independence, comfort and dignity, including the use of equipment, supplies, devices and assistive aids.

Inspection Finding

The home did not establish a continence care program for a resident that includes measures to promote continence, toileting programs, and strategies to maximize the resident’s independence, comfort and dignity.

Outcome


The Licensee has advised it has taken corrective action. 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 August 25, 2016
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