

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

Inspection Information	
<b>Date of Inspection:</b> July 15, 2016	<b>Name of Inspector:</b> Michele Davidson
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 1771293 Ontario Inc. / 602 Brimley Road, Scarborough, ON M1J 1B5 (the "Licensee")	
<b>Retirement Home:</b> Villa Karuna Home For Seniors / 602 Brimley Road, Scarborough, ON M1J 1B5 (the "home")	
<b>Licence Number:</b> T0292	

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. 24; Emergency plan, general. The Licensee failed to comply with O. Reg. 166/11, s. 26; Emergency plan, retirement home with 10 or fewer residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>24. (4)</b> The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.</p> <p><b>24. (5)</b> The licensee shall,</p> <ul style="list-style-type: none"> <li>(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, <ul style="list-style-type: none"> <li>(i) the loss of essential services,</li> <li>(ii) situations involving a missing resident,</li> <li>(iii) medical emergencies,</li> <li>(iv) violent outbursts;</li> </ul> </li> <li>(b) at least once every two years, conduct a planned evacuation of the retirement home;</li> <li>(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.</li> </ul> <p><b>26.</b> The emergency plan for a retirement home that has 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:</p>

- 2. The plan shall identify and address hazards and risks that may give rise to an emergency affecting the home.
- 5. The plan shall identify the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.

**Inspection Finding**

The Licensee had an emergency plan, however, the plan lacked the listed items.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 31, 2016. RHRA to confirm compliance by inspection.

- 2. 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):

**43. (2)** The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

- 4. Known allergies.
- 5. Dietary needs including known food restrictions.
- 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:

- 1. Physical and mental health.
- 2. Functional capacity.
- 5. Need for care services.
- 6. Need for assistance with the activities of daily living.
- 8. Any other matter relevant to developing a plan of care for the resident.

**Inspection Finding**

The initial and full assessments conducted on residents did not contain the items listed.

**Outcome**

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

- 3. 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.

**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.

**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**

Training records provided during the inspection indicated that not all staff had been trained in the areas listed.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 31, 2016. RHRA to confirm compliance by inspection.

**4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Contents.**

**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):

- 67. (5)** At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,
- (d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;
  - (e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
  - (f) set out the consequences for those who abuse or neglect residents;

- 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. (2)** The procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents described in clause 67 (5) (e) of the Act shall include details outlining who will undertake the investigation and who will be informed of the investigation.

- 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;
  - (d) provide that the licensee of the retirement home shall ensure that the resident's substitute decision-makers, if any, and any other person specified by the resident,
    - (i) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a resident's health or well-being,
    - (ii) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident;

(e) provide that the licensee of the retirement home shall ensure that the resident and the resident's substitute decision-makers, if any, are notified of the results of an investigation described in clause 67 (5) (e) of the Act immediately upon the completion of the investigation;

(f) provide that the licensee of the retirement home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence;

**Inspection Finding**

The policy on Abuse and Neglect, which was presented at the inspection was non-compliant in the areas listed.

**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. 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,

(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 behaviour management policy, however that policy did not contain protocols relating to reporting and informing on behaviours which posed a risk.

**Outcome**

The Licensee took corrective action to achieve compliance.

**6. 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. 30; Storage of drugs or other substances.**

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,

(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,

**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,

- (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**

The Licensee trained staff on drug administration, however, the training records did not provide proof of training the areas listed.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 31, 2016. RHRA to confirm compliance by inspection.

**7. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Procedure for complaints to licensee.**

**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):

**73. (1)** Every licensee of a retirement home shall ensure that there is a written procedure for a person to complain to the licensee about the operation of the home and for the way in which the licensee is required to deal with complaints.

**59. (1)** Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

**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**

The Licensee's procedure for complaints which was presented during the inspection did not contain the items listed.

**Outcome**


The Licensee has advised it has taken corrective action to achieve compliance. 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 September 12, 2016
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