

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

| Inspection Information | |
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| Date of Inspection: September 13, 2016 | Name of Inspector: Douglas Crust |
| Inspection Type: Mandatory Reporting Inspection | |
| Licensee: Estherville Manor Ltd. / 10606 Mclaughlin Rd., Brampton, ON L7A 0C9 (the "Licensee") | |
| Retirement Home: Estherville Manor / 10606 Mclaughlin Rd. , Brampton, ON L7A 0C9 (the "home") | |
| Licence Number: T0468 | |

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

| NON-COMPLIANCE |
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| <p>1. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home; (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. <p>23. (2) The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.</p> |
| <p>Inspection Finding</p> <p>At the time of inspection, the home did not present a behaviour management strategy that addressed all the required items.</p> |
| <p>Outcome</p> <p>The Licensee took corrective action to achieve compliance.</p> |

2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.

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

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.

Inspection Finding

At the time of inspection the evidence presented did not confirm that all staff had received training in the listed area within the prescribed timeframe as per the legislation.

Outcome

The Licensee must take corrective action to achieve compliance.

3. 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 the RHA, S.O. 2010, c. 11, s. 62; Documentation.

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.

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

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:

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, (c) the care services set out in the plan have not been effective.

Inspection Finding

The plan of care inspected was not approved by the resident or the resident's substitute decision-maker, and did not document the outcomes of the care services set out in the plan or the effectiveness of the plan. In addition, the plan was not revised to include changes made (medication changes, CCAC) to address the resident's behaviours, as prescribed.

Outcome

The Licensee must take corrective action to achieve compliance.

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/>

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| Signature of Inspector  | Date December 15, 2016 |
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