

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

Inspection Information	
Date of Inspection: November 17, 2016	Name of Inspector: Tania Buko
Inspection Type: Mandatory Reporting Inspection	
Licensee: Guelph Rest Home Inc / 2113 Gordon Street, Guelph, ON N1L 1G7 (the "Licensee")	
Retirement Home: Heritage House Guelph / 2113 Gordon Street, Guelph, ON N1L 1G7 (the "home")	
Licence Number: T0116	

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 the RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>67. (4) Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.</p> <p>67. (5) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall, (f) set out the consequences for those who abuse or neglect residents;</p> <p>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;</p>

Inspection Finding
The evidence showed the Licensee failed to ensure the home's Zero Tolerance of Abuse and Neglect policy was followed. In addition, the evidence showed the home's policy did not contain the listed criteria.

Outcome

The Licensee submitted plan to achieve compliance by January 31, 2017. RHRA to confirm compliance by inspection.

- 2. 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; Contents of plan.**
- The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.**
- 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.**
- 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. (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. (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;

43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

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

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.

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

- (b) sets out,

- (i) any information that is necessary to allow the licensee’s staff to understand the resident’s needs and preferences, including cultural, spiritual and religious preferences and customary routines,
- (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

There was no evidence to show that initial or full assessments were completed upon admission or that the plans of care were developed based on the assessments. Additionally, a complete plan of care was not developed for either resident and the plan of care lacked information in order for staff to understand the needs of the residents. Further, one resident identified herself as her substitute decision-maker, and did not have a rating for harm to self or others; and the other resident’s plan of care did not identify him as exit-seeking, and had a rating of low for harm to self or others. There was no evidence to support the plans of care were revised following any incidents of physical and/or verbal abuse.

Outcome

The Licensee submitted plan to achieve compliance by January 31, 2017. RHRA to confirm compliance by inspection.

3. 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,
- (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;

Inspection Finding

Although the Licensee’s Behaviour Management policy was aligned with the legislation, there was no evidence to show the policy was followed in the listed areas. In addition, the Licensee did not ensure that the plans of care were revised as documented in the home’s policy.

Outcome

The Licensee submitted plan to achieve compliance by January 31, 2017. 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 December 22, 2016
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