

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

Inspection Information	
<b>Date of Inspection:</b> November 24, 2016	<b>Name of Inspector:</b> Julie Hebert
<b>Inspection Type:</b> Mandatory Reporting Inspection	
<b>Licensee:</b> Dementia Care Inc. / 35 Capulet Walk, London, ON N6H 5W4 (the "Licensee")	
<b>Retirement Home:</b> Highview Residences / 35, 41 Capulet Walk, London, ON N6H 5W4 (the "home")	
<b>Licence Number:</b> S0029	

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><b>1. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>24. (5)</b> The licensee shall,</p> <p>(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,</p> <p>(ii) situations involving a missing resident,</p>
<p><b>Inspection Finding</b></p> <p>The home had not completed annual testing of their emergency plan when responding to an emergency related to a missing person, prior to a resident eloping from the home.</p>
<p><b>Outcome</b></p> <p>The Licensee took corrective action to achieve compliance.</p>
<p><b>2. 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; Documentation.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>62. (4)</b> 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,</p> <p>(b) the planned care services for the resident that the licensee will provide, including,</p>

- (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. (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.

**Inspection Finding**

A resident who had previously been identified as exit seeking and suffering from dementia related behaviours, eloped from the home. The resident's plan of care did not address his behaviours or the provisions, outcomes and effectiveness for any dementia care program offered to the resident. The plan of care did not include the dementia care service or include goals that the service was intended to achieve or clear directions to staff who provide this care.

**Outcome**


The Licensee took 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/>

Signature of Inspector 	Date December 28, 2016
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