RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: November 8, 2016	**Name of Inspector:** Debbie Rydall
Inspection Type: Complaint Inspection	
Licensee: HCN-Revera Lessee (Greenway) LP / 55 Standish Court, 8th Floor, Mississauga, ON L5R 4B2 (the "Licensee")	
Retirement Home: Greenway Retirement Village / 100 Ken Whillans Drive, Brampton, ON L6V 0A4 (the "home")	
Licence Number: T0448	

Purpose of Inspection
The RHRA received a complaint under section 83(1) of the Retirement Homes Act, 2010 (the "RHA").

NON-COMPLIANCE
1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance. Specifically, the Licensee failed to comply with the following subsection(s): **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.
Inspection Finding The Licensee received a complaint on October 19, 2016 that alleged care neglect and should have triggered an immediate investigation. The home failed to follow their zero tolerance of abuse and neglect policy; specifically, they failed to immediately report the allegation to the RHRA; evidence supported that only 2 staff were interviewed and those interviews were not conducted or documented until almost 10 days after the home became aware of the incident. Further, the home's documentation didn't support that the investigation had considered all areas of the allegation(s).
Outcome The Licensee submitted a plan to achieve compliance by January 31, 2017. RHRA to confirm compliance by inspection.

2. 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):

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,

(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;

(f) any response made in turn by the complainant.

Inspection Finding

The inspection verified that the home had received complaints that alleged care neglect, possible emotional abuse of a resident relating to the resident's concern that staff didn't like it when he used the call bell and resident safety concerns specifically relating to falls risk. The Licensee was required to implement not only their complaints procedure but also their zero abuse and neglect policy when responding to these complaints. The home provided an email chain as documentation of their complaints management process; however, the email chain didn't provide evidence to support that complaints were managed as per the legislation; specifically, there was no evidence to support that staff documented the type of action taken to resolve the complaint, including the date of the action, time frames for actions and follow up required; the final resolution or that all responses were documented.

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. 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;

(b) measures to prevent constipation, including nutrition and hydration protocols;

(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

Evidence obtained during the inspection supported that the home was offering continence care; however the Licensee had failed to establish a continence care program as required by the legislation.

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
	January 11, 2017