

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

Inspection Information	
<b>Date of Inspection:</b> December 8, 2016	<b>Name of Inspector:</b> Debbie Rydall
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Caessant Care Nursing and Retirement Homes Limited / 264 Norwich Avenue, Woodstock, ON N4S 3V9 (the "Licensee")	
<b>Retirement Home:</b> Caessant Care - Listowel / 710 Reserve Avenue, Listowel, ON N4W 3H4 (the "home")	
<b>Licence Number:</b> S0022	

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 the RHA, S.O. 2010, c. 11, s. 54; Contents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>54. (2)</b> The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> <li>(d) the licensee's procedure for complaints mentioned in subsection 73 (1);</li> <li>(t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;</li> </ul>
<p><b>Inspection Finding</b></p> <p>The home's information package, provided for review at the time of the routine inspection was found not to be completely aligned with the legislation in the prescribed areas as listed.</p>
<p><b>Outcome</b></p> <p>The Licensee submitted plan to achieve compliance by February 15, 2017. RHRA to confirm compliance by inspection.</p>
<p><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 60; Safety plans.</b></p> <p><b>The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.</b></p> <p><b>The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

**60. (4)** Every licensee of a retirement home shall ensure that the following are in place for the home:

1. An emergency plan that responds to emergencies in the home or in the community in which the home is located and that meets the prescribed requirements.

**24. (4)** The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

**24. (5)** The licensee shall,

(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,

- (i) the loss of essential services,
- (ii) situations involving a missing resident,
- (iii) medical emergencies,
- (iv) violent outbursts;

(b) at least once every two years, conduct a planned evacuation of the retirement home;

(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.

**25. (2)** The licensee shall ensure that the development of the emergency plan includes,

(b) identification of hazards and risks that may give rise to an emergency affecting the home, whether the hazards and risks arise within the home or in the surrounding vicinity or community, and strategies to address those hazards and risks.

**25. (3)** The licensee shall ensure that the emergency plan provides for the following:

1. Dealing with,
  - ii. community disasters,
  - iv. bomb threats,
  - v. medical emergencies,
  - vii. situations involving a missing resident,
  - viii. loss of one or more essential services.
2. Evacuation of the retirement home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.

**25. (4)** The licensee shall ensure that the emergency plan addresses the following components:

2. Lines of authority.
4. Specific staff roles and responsibilities.

### **Inspection Finding**

There was no evidence to support that the home's emergency plan included specific information relating to the Retirement Home or that the emergency plan was completely aligned with the legislation in the prescribed areas. There was no evidence to support that current arrangements were in place with

community partners. Further, there was no documented evidence that the home had completed the required annual testing of its emergency plan or that the home had conducted an evacuation as per the requirements of the legislation.

**Outcome**

The Licensee submitted plan to achieve compliance by February 15, 2017. 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.**  
**The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.**

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,

- (d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

**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,

- (b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

**55. (5)** A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,  
(c) the skills, qualifications and training of the staff who work in the home;

**Inspection Finding**

The routine inspection revealed that there was no documented evidence to support that staff received all of the mandatory training prior to working in the home, specifically PASD's and the procedure for a person to complain to the licensee . Further, there was no documentation to support that staff received the required annual training as per the requirements of the legislation.

**Outcome**

The Licensee submitted plan to achieve compliance by February 15, 2017. RHRA to confirm compliance by inspection.

**4. 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. (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**

There was no evidence provided at the time of the routine inspection to support that the home documents and keeps a written record of complaints.

**Outcome**

The Licensee submitted plan to achieve compliance by February 15, 2017. RHRA to confirm compliance by inspection.

**5. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.**

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

**22. (1)** Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.

**Inspection Finding**

The home's falls strategy was not completely aligned with the requirements of the legislation; specifically it did not include strategies to reduce or mitigate the risk of falls in common areas of the home.

**Outcome**

The Licensee submitted plan to achieve compliance by February 15, 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 26, 2017
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