

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

| Inspection Information | |
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| Date of Inspection: March 10, 2017 | Name of Inspector: Debbie Rydall |
| Inspection Type: Routine Inspection | |
| Licensee: Revera Long Term Care Inc. / 55 Standish Court, Mississauga, ON L5R 4B2 (the "Licensee") | |
| Retirement Home: Summit Place / 850 4th Street, Owen Sound, ON N4K 6A3 (the "home") | |
| Licence Number: S0183 | |

| Purpose of Inspection |
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| The RHRA conducts routine inspections as set out in section 77(3) of the <i>Retirement Homes Act, 2010</i> (the "RHA"). |

| NON-COMPLIANCE |
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| <p>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>54. (2) The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home; |
| <p>Inspection Finding</p> <p>The routine inspection revealed that the package of information provided to residents was not completely aligned with the legislation in the areas listed.</p> |
| <p>Outcome</p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p> |
| <p>2. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> |

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,

(iv) violent outbursts;

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

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

Inspection Finding

The routine inspection revealed that the home's emergency plan was not completely aligned with the legislation in the area listed and further that the Licensee's arrangements with community partners considered alternate accommodation but had not considered any other community partners that would be required in an emergency situation. The Licensee failed to complete all of the required annual testing of their emergency plan as per the requirements of the legislation.

Outcome

The Licensee submitted plan to achieve compliance by March 31, 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 O. Reg. 166/11, s. 14; Staff training.**

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,

(a) the Residents' Bill of Rights;

(b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

(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.

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.

Inspection Finding

The inspection revealed that although staff had received training prior to working in the home; training in the areas listed were specific to LTC and not to the retirement home and there was no evidence to support that staff had been trained in the home's policy related to PASD's. Further; staff were not trained annually on the home's entire zero tolerance of abuse policy or in the home's PASD policy as per the requirements of the legislation.

Outcome

The Licensee submitted plan to achieve compliance by March 28, 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/>

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| Signature of Inspector  | Date March 29, 2017 |
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