

FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

Inspection Information

Date of Inspection: March 22, 2017 **Name of Inspector:** Douglas Crust

Inspection Type: Routine Inspection

Licensee: Dome Porcupine Transitional Living Centre / 200 Bruce Avenue, South Porcupine, ON PON 1H0

(the "Licensee")

Retirement Home: Spruce Hill Lodge / 200 Bruce Avenue, South Porcupine, ON PON 1H0 (the "home")

Licence Number: N0090

Purpose of Inspection

The RHRA conducts routine inspections as set out in section 77(3) of the *Retirement Homes Act, 2010* (the "RHA").

NON-COMPLIANCE

1. 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.

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

- **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;
 - (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:
 - 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.

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Inspection Finding

At the time of inspection, the Licensee did not provide evidence of current arrangements with community agencies, partner facilities and resources, as prescribed. There was no evidence that the prescribed annual testing was completed in 2016 and no record was kept. Finally, the emergency plan did not articulate the system to account for residents in the event of an evacuation.

Outcome

The Licensee submitted a plan to achieve compliance by May 17, 2017. RHRA to confirm compliance by inspection.

2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.

The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.

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

- **62. (9)** The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:
 - 1. The resident or the resident's substitute decision-maker.
 - 2. The prescribed person if there is a person prescribed for the purpose of this paragraph.
- <u>44. (1)</u> Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident's care needs and preferences is conducted.
- **44. (2)** The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:
 - 7. The matters listed in subsection 43 (2).

Inspection Finding

The full assessment was not completed within the prescribed time frame for all resident files inspected. The full assessment did not include all the prescribed items (risk of falling, allergies) for all resident files inspected. Plans of care were not approved and there was no evidence that a copy had been provided to all residents/ SDM's for all resident files inspected.

Outcome

The Licensee submitted a plan to achieve compliance by May 17, 2017. RHRA to confirm compliance by inspection.

3. 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.

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

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- 67. (5) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,
 - (a) clearly set out what constitutes abuse and neglect;
 - (d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;
- **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;

Inspection Finding

The policy to promote zero tolerance of abuse and neglect did not include all of the required elements.

Outcome

The Licensee submitted a plan to achieve compliance by May 17, 2017. RHRA to confirm compliance by inspection.

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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
St.	April 26, 2017

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