

## FINAL INSPECTION REPORT

### Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: April 20, 2017	Name of Inspector: Mark Dennis
Inspection Type: Routine Inspection	
Licensee: 767948 Ontario Limited / 40 Toronto Street, Bradford, ON L3Z 1N6 (the "Licensee")	
Retirement Home: The LeBlanc Rest Home / 40 Toronto Street, Bradford, ON L3Z 1N6 (the "home")	
Licence Number: T0114	

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. 53; Agreement required.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p style="padding-left: 40px;"><b>53. (1)</b> The licensee of a retirement home shall enter into a written agreement with every resident of the home before the resident commences residency in the home.</p>
<p><b>Inspection Finding</b></p> <p>The Licensee provided no evidence that a resident of the home had entered into a Residency Agreement.</p>
<p><b>Outcome</b></p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p><b>2. 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 style="padding-left: 40px;"><b>24. (5)</b> The licensee shall,</p> <p style="padding-left: 80px;">(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 style="padding-left: 120px;">(i) the loss of essential services,</p>

<p><b>Inspection Finding</b></p> <p>The Licensee has not conducted annual testing of the emergency plan for loss of essential services.</p>
<p><b>Outcome</b></p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p><b>3. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>27. (2)</b> The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.</p> <p><b>27. (3)</b> The licensee shall keep a written record of the consultation required under subsection (2) that shall include a record of when the consultation took place, what was discussed and any recommendations that the local medical officer of health or designate made.</p>
<p><b>Inspection Finding</b></p> <p>The Licensee did not consult annually or keep a written record with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.</p>
<p><b>Outcome</b></p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p><b>4. The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>44. (2)</b> The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:</p> <ol style="list-style-type: none"> <li>1. Physical and mental health.</li> <li>5. Need for care services.</li> </ol>
<p><b>Inspection Finding</b></p> <p>The resident Full Assessment does not consider physical and mental health and need for care services.</p>
<p><b>Outcome</b></p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p><b>5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.</b></p>

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

**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:

2. Mental health issues, including caring for persons with dementia.
3. Behaviour management.

**Inspection Finding**

The Licensee has not provide annual training on behavior management and mental health issues, including caring for persons with dementia to direct care staff.

**Outcome**

The Licensee must take corrective action to achieve compliance.

- 6. 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):

**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;

**15. (3)** The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,  
(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 Licensee's zero tolerance of abuse and neglect policy does provide a definition of verbal abuse. Further, the policy does not include procedures to deal with persons who have abused/neglected residents.

**Outcome**

The Licensee must take corrective action to achieve compliance.

- 7. 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):

**55. (2)** The record for each resident shall include,

- (d) a copy of the resident’s most recent plan of care;
- (e) a copy of the written agreement between the resident and the licensee required under section 53 of the Act;

**55. (5)** A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,

- (a) the police background checks required by section 64 of the Act;
- (b) the declarations required by subsection 13 (3) of this Regulation;
- (f) the screening required under subsection 27 (8) of this Regulation.

**Inspection Finding**

The record for one of the residents does not include the most recent plan of care or residential tenancy agreement. Further, the staff files do not contain police background checks, declaration or the screening required under subsection 27 (8) of this Regulation.

**Outcome**

The Licensee must take corrective action to achieve compliance.

- 8. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Involvement of resident, etc..**  
**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 the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.**  
**The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.**

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

**62. (5)** The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate in the development, implementation and reviews of the resident’s plan of care.

**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.
- 3. A person with the requisite expertise in assessing the suitability of care services for the resident in light of those set out in the plan, if there is no person prescribed for the purpose of paragraph 2.

**62. (12)** The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,

- (a) a goal in the plan is met;
- (b) the resident’s care needs change or the care services set out in the plan are no longer necessary;
- (c) the care services set out in the plan have not been effective.

**47. (1)** Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident’s immediate care needs conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident’s immediate care needs.

**47. (2)** No later than 21 days after a resident commences residency in a retirement home, the licensee of the home shall develop a complete plan of care for the resident based on the full assessment of the resident’s care needs and preferences conducted under section 44 that takes into account all of the matters that must be considered in a full assessment.

**47. (4)** Subject to subsections (5) and (6), a plan of care for a resident is complete if the plan,

(b) sets out,

(i) any information that is necessary to allow the licensee’s staff to understand the resident’s needs and preferences, including cultural, spiritual and religious preferences and customary routines,

(ii) the names and contact information of the resident’s substitute decision-makers, if any,

(iii) the names of the persons who participated in the development of the plan and whether the resident and his or her substitute decision-makers, if any, participated in the development of the plan;

(c) has been approved in accordance with subsection 62 (9) of the Act.

**Inspection Finding**

The Licensee has failed to complete, revise or develop Plans of Care in the prescribed manner for numerous residents of the home.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**9. The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.**

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

**47. (5)** If an assessment of a resident indicates that the resident’s care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident’s plan of care and that the resident’s plan of care takes into account the results of the care conference.

**47. (6)** The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other person designated by the resident or the substitute decision-maker are given an opportunity to participate in the interdisciplinary care conference mentioned in subsection (5).

**Inspection Finding**

There is a resident of the home that requires skin and wound care. The Licensee has failed to develop a Plan of Care in the prescribed manner for this resident.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**10. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

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

- 32.** If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,
- (b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991;

**Inspection Finding**

The Licensee does not have evidence of written prescription for 4 residents.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**11. The Licensee failed to comply with O. Reg. 166/11, s. 19; Maintenance.**

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

- 19. (2)** The maintenance program shall include policies and procedures for routine, preventative and remedial maintenance of the following in the retirement home:
- 1. Plumbing fixtures, toilets and sinks located in common areas of the home.
  - 4. If provided by the licensee, equipment, devices, assistive aids, positioning aids and shower grab bars.

**Inspection Finding**

The Licensee did not provide evidence for routine, preventative and remedial maintenance of plumbing fixtures in common areas and equipment, devices, assistive aids, positioning aids and shower grab bars.

**Outcome**

The Licensee must take 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  June 7, 2017
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