

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

Inspection Information	
<b>Date of Inspection:</b> June 8, 2017	<b>Name of Inspector:</b> Debbie Rydall
<b>Inspection Type:</b> Mandatory Reporting Inspection	
<b>Licensee:</b> Amica Mature Lifestyles Inc. / Style de Vie Amica Inc. / 20 Queen Street, Toronto, ON M5H 3R4 (the "Licensee")	
<b>Retirement Home:</b> Amica at Whitby / 200 Kenneth Hobbs Avenue, Whitby, ON L1R 0G6 (the "home")	
<b>Licence Number:</b> T0146	

Purpose of Inspection
The RHRA received a report under section 75(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p><b>1. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>59. (1)</b> 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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>4. A response shall be made to the person who made the complaint, indicating,</li> </ol> <p><b>59. (2)</b> The licensee shall ensure that a written record is kept in the retirement home that includes,</p> <ol style="list-style-type: none"> <li>(a) the nature of each verbal or written complaint;</li> <li>(b) the date that the complaint was received;</li> <li>(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;</li> <li>(d) the final resolution, if any, of the complaint;</li> <li>(e) every date on which any response was provided to the complainant and a description of the response;</li> <li>(f) any response made in turn by the complainant.</li> </ol>
<p><b>Inspection Finding</b></p> <p>An incident was reported to the management of the home that should have triggered the home to implement their zero abuse and neglect policy; however management stated that they instead viewed the report only as a complaint and therefore followed their complaint's management strategy. Although the</p>

home had followed some of the requirements of their complaint's procedure; the evidence provided didn't support that the home had completed an immediate investigation or that they had completed the required documentation and follow up as per the requirements of the legislation and further; there was no evidence that the home had documented all of the reported complaints related to the resident involved in the inspection.

**Outcome**

The Licensee submitted plan to achieve compliance by September 30, 2017. RHRA to confirm compliance by inspection.

- 2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.**  
**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; Integration of assessments and care.**  
**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.**

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

**62. (4)** The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

(c) if the resident has consented to the inclusion of the information in the plan of care, the planned care services for the resident that external care providers will provide with the consent of the resident, to the extent that such information is available to the licensee after the licensee has taken all reasonable steps to obtain such information from the resident and the external care provider, including,

(i) the details of the services,

(ii) the goals that the services are intended to achieve;

(d) a statement indicating whether the resident has provided consent to the licensee to collect information from external care providers, to use such information and to disclose the contents of the plan of care to external care providers and others.

**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. (8)** The licensee shall ensure that there are protocols to promote the collaboration between the staff, external care providers and others involved in the different aspects of care of the resident,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

**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.

**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,  
(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

**Inspection Finding**

The evidence reviewed at the time of the inspection did not support that the resident's plan of care had been reviewed and revised as per the requirements of the legislation. There was no evidence provided to support that the resident or the SDM had been given an opportunity to participate in the development of the plan of care; that they had approved the plan of care or that the plan of care contained the required information as listed, and as per the requirements of the legislation.

**Outcome**


The Licensee submitted plan to achieve compliance by October 1, 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  September 21, 2017
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