

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

Inspection Information	
Date of Inspection: July 27, 2017	Name of Inspector: Mark Tonkin
Inspection Type: Routine Inspection	
Licensee: 480313 Ontario Inc. / 335 Dundas Street, Waterdown, ON L0R 2H0 (the "Licensee")	
Retirement Home: Waterdown Manor / 335 Dundas Street, Waterdown, ON L0R 2H0 (the "home")	
Licence Number: T0184	

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>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; (k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices;
<p>Inspection Finding</p> <p>The Licensee failed to include the residences policy on abuse and neglect in the package of information, and further, the Licensee failed to include in the package of information several of the care services that were provided by the retirement home.</p>
<p>Outcome</p> <p>The Licensee took corrective action to achieve compliance.</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> <p>24. (5) The licensee shall,</p> <ul style="list-style-type: none"> (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>(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.</p> <p>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.</p> <p>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.</p>
<p>Inspection Finding</p> <p>The Licensee failed to test the emergency plan on an annual basis relating to the loss of essential services, missing residents, medical emergencies and violent outburst as prescribed by legislation. Further, the Licensee has not conducted an evacuation at least once every two years as required. The Licensee was unable to provide a written record of the testing of the emergency plan and evacuation. Further, the Licensee has not considered hazards and risks within the home or surrounding community, and strategies to address those risks. Further, resources, supplies and equipment vital for the emergency response were not presented during the inspection.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by October 26th, 2017. RHRA to confirm compliance by inspection.</p>
<p>3. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>27. (2) 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>27. (3) 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>Inspection Finding</p> <p>The Licensee failed to consult with the local medical officer of health or designate at least once annually, and further the Licensee was unable to provide a written record of any consultation.</p>
<p>Outcome</p> <p>The Licensee took corrective action to achieve compliance.</p>

4. **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.

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;
- (c) the protection afforded for whistle-blowing described in section 115;
- (d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;
- (f) fire prevention and safety;
- (h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);

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,

- (a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items;
- (b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

The Licensee failed to provide proof that staff had received training in the home's complaints procedure, hand hygiene and preventing cross contamination, and reporting, providing surveillance of and documenting incidents of infectious disease. Further, the Licensee was also unable to provide evidence that all of the staff had received training in Residents' Bill of Rights, Zero Tolerance for Abuse and Neglect, Whistle Blowing protection and PASD's, nor was there proof or documentation that all of the staff had received annual training in these areas. Further, the Licensee failed to provide evidence that any staff members had received training in Behaviour Management.

Outcome

The Licensee took corrective action to achieve compliance.

5. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.

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

20. (4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

Inspection Finding

The Licensee failed to ensure that whenever food is prepared in the retirement home, at least one person involved in the food preparation holds a current certificate in food handling as prescribed by legislation.

Outcome

The Licensee took corrective action to achieve compliance.

6. 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 Licensee failed to provide any evidence that they have developed, documented and implemented strategies to reduce or mitigate the risk of falls in common areas of the home.

Outcome

The Licensee took corrective action to achieve compliance.

7. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.

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

31. (1) If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall establish a medication management system, which includes written policies and procedures, to ensure that all drugs and other substances to be administered to residents of the home are acquired, received in the home, stored, dispensed, administered, destroyed and disposed of correctly as required by law and in accordance with prevailing practices.

Inspection Finding

The Licensee failed to provide a medication management policy that included procedures for acquiring, receiving, storing, dispensing and administering medications.

Outcome

The Licensee took 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 October 18, 2017
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