

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

Inspection Information	
Date of Inspection: March 6, 2017	Name of Inspector: Douglas Crust
Inspection Type: Routine Inspection	
Licensee: Amica Mature Lifestyles Inc. / Style de Vie Amica Inc. / 20 Queen Street, Toronto, ON M5H 3R4 (the "Licensee")	
Retirement Home: Amica at Dundas / 50 Hatt Street, Dundas, ON L9H 0A1 (the "home")	
Licence Number: S0103	

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 style="padding-left: 40px;">54. (2) The package of information shall include, at a minimum, (d) the licensee's procedure for complaints mentioned in subsection 73 (1);</p>
<p>Inspection Finding</p> <p>The Information Package provided for inspection did not meet all of the requirements. Specifically, the Complaint Procedure is not clear as it relates to the deadline for a complainant to receive a written response, and does not include the specific details that shall be provided to the complainant in the written response.</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 style="padding-left: 40px;">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.</p>

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;
- (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.

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.

25. (5) The licensee shall ensure that the emergency plan for the retirement home is evaluated and updated at least annually and that the updating includes contact information for the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.

Inspection Finding

At the time of inspection the Emergency Plan presented did not contain evidence of current arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, and there was no evidence of hazards and risks specific to the home. There was also no evidence to confirm that the plan had been evaluated and updated at least annually, as prescribed. Finally, there was no evidence of testing in 2016 of the Emergency Plan, and there was no written record or any changes made to improve the Emergency Plan, as prescribed.

Outcome

The Licensee took corrective action to achieve compliance.

3. 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):

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.

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.

Inspection Finding

At the time of inspection there was no evidence presented to confirm that the required consultation with the medical officer of health, or designate, had taken place in 2016 and no written record was available, as prescribed.

Outcome

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

- 4. 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.
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. (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.
- 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;

Inspection Finding

At the time of inspection the Licensee did not provide evidence of training in 2016 for all staff, as prescribed.

Outcome

The Licensee submitted a plan to achieve compliance by July 1, 2017. RHRA to confirm compliance by inspection.

- 5. 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):

- 15. (3)** The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,
 - (g) provide that the licensee of the retirement home shall ensure that,

(v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

Inspection Finding

The policy to promote zero tolerance of abuse and neglect presented for inspection did not include all of the required items.

Outcome

The Licensee submitted a plan to achieve compliance by June 5, 2017. RHRA to confirm compliance by inspection.

6. 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

At the time of the inspection, the recent schedules for food preparation were inspected. The staffing arrangements demonstrated that the Licensee did not always have at least one staff involved in the preparation of food who held a current certificate in food handling issued by the local public health unit, or equivalent.

Outcome


The Licensee has advised it has taken corrective action to achieve compliance. 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 November 21, 2017
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