

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

Inspection Information	
Date of Inspection: January 17, 2018	Name of Inspector: Rachelle Harber
Inspection Type: Routine Inspection	
Licensee: 1122121 Ontario Inc. / 1532 Pelham Street, Fonthill, ON L0S 1E3 (the "Licensee")	
Retirement Home: Shorthills Villa Retirement Community / 1532 Pelham Street, Fonthill, ON L0S 1E3 (the "home")	
Licence Number: S0011	

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> <p style="padding-left: 40px;">(c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</p> <p style="padding-left: 40px;">(k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices;</p>
<p>Inspection Finding</p> <p>The Licensee did not ensure that the homes package of information contains the requirements as listed.</p>
<p>Outcome</p> <p>The Licensee must take 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. (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> <p>24. (5) The licensee shall,</p>

- (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,
 - (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. (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. (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.

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

The homes emergency plan does not meet the requirements set out in this section.

Outcome

The Licensee must take 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. (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

The Licensee did not keep a written record of consultation with the local medical officer of health or designate as per the legislative requirement listed.

Outcome

The Licensee took corrective action to achieve compliance.

4. 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):

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 homes full assessment of resident's care needs does not consider presence of infectious disease.

Outcome

The Licensee took corrective action to achieve compliance.

- 5. 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; 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.
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):

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;

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.

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.

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

(c) the skills, qualifications and training of the staff who work in the home;
<p>Inspection Finding</p> <p>The Licensee did not ensure that staff for whose files were reviewed, received the required training prior to starting work in the home.</p>
<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance</p>
<p>6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Contents.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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;</p>
<p>Inspection Finding</p> <p>The Licensee did not ensure that the homes zero tolerance of abuse policy contains the requirement as listed.</p>
<p>Outcome</p> <p>The Licensee took corrective action to achieve compliance.</p>
<p>7. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes, (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home; (d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.</p>
<p>Inspection Finding</p> <p>The Licensee did not ensure that the homes behavior management strategies includes techniques to prevent and address resident behaviors that pose a risk and protocols for how volunteers should report and be informed of resident behaviors that pose a risk.</p>
<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p>8. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 68; Policy re devices. The Licensee failed to comply with O. Reg. 166/11, s. 52; Personal assistance services devices.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>68. (3) Every licensee of a retirement home shall ensure that there is a written policy regarding the use of personal assistance services devices for residents of the home and that the policy complies with the prescribed requirements, if any.</p>

52. (1) Every licensee of a retirement home shall ensure that the home's written policy under subsection 68 (3) of the Act deals with,

- (a) the duties and responsibilities of staff, including,
 - (i) who has the authority to apply a personal assistance services device to a resident or to release a resident from a personal assistance services device,
 - (ii) ensuring that all appropriate staff are aware at all times of when the licensee has permitted the use of a personal assistance services device for a resident;
- (b) the prohibition on restraining a resident in any way under subsection 68 (1) of the Act except when restraining under the common law duty described in subsection 71 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;
- (c) the types of personal assistance services devices permitted to be used;
- (d) how consent to the use of personal assistance services devices as set out in section 69 of the Act is to be obtained and documented;
- (e) alternatives to the use of personal assistance services devices, including how the alternatives are planned, developed and implemented, using an interdisciplinary approach;
- (f) how the use of personal assistance services devices in the home will be evaluated to ensure that all necessary use of a personal assistance services device is done in accordance with the Act and this Regulation.

Inspection Finding

The Licensee did not ensure that the homes policy regarding the use of personal assistance services devices complies with the prescribed requirements.

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 March 2, 2018
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