

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

Inspection Information	
Date of Inspection: March 19, 2018	Name of Inspector: Douglas Crust
Inspection Type: Routine Inspection	
Licensee: Patricia E. Turner-Campbell / 63 Evans Avenue, Etobicoke, ON M8Z 1H4 (the "Licensee")	
Retirement Home: Evans House / 63 Evans Avenue, Etobicoke, ON M8Z 1H4 (the "home")	
Licence Number: T0360	

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, (d) the licensee's procedure for complaints mentioned in subsection 73 (1);</p>
<p>Inspection Finding</p> <p>The information package presented for inspection did not include all of the prescribed items.</p>
<p>Outcome</p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 55; Posting information.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>55. (2) Every licensee of a retirement home shall ensure that the following information is posted in the home in a conspicuous and easily accessible location and in a manner that complies with the prescribed requirements, if any:</p> <p>3. An explanation of the measures to be taken in case of fire.</p>
<p>Inspection Finding</p>

The posted information observed in the Home at the time of the inspection did not include an explanation of the measures to be taken in case of fire that corresponded to the notice included in the Fire Plan for the Home that was submitted to the local fire authority.

Outcome

The Licensee must take corrective action to achieve compliance.

- 3. 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. 26; Emergency plan, retirement home with 10 or fewer residents.**

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

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.

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;

(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.

26. The emergency plan for a retirement home that has 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:

- 2. The plan shall identify and address hazards and risks that may give rise to an emergency affecting the home.
- 5. The plan shall identify the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
- 4. The plan shall require that resources, supplies and equipment vital for the emergency response are set aside, readily available at the home and tested regularly to ensure that they are in working order.

Inspection Finding

The emergency plan presented for inspection did not confirm the specifics of current arrangements with community agencies, partner facilities and resources. Further, there was no information presented to confirm that the annual testing requirements were met or that a record of testing was kept, as prescribed. There was no evidence that specific hazards or risks facing the Home had been identified and while a limited number of supplies and equipment vital for the emergency response were demonstrated, there was no record of testing, as prescribed. Finally, there were no contact details in the emergency plan for the

community agencies, partner facilities and resources involved in emergency response contained in the emergency plan.

Outcome

The Licensee must take corrective action to achieve compliance.

4. 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. (4) The licensee of a retirement home shall ensure that a written surveillance protocol is established in consultation with the local medical officer of health or designate in order to identify, document and monitor residents who report symptoms of respiratory or gastrointestinal illness.

27. (5) The licensee of a retirement home shall ensure that,
(c) processes for meeting the requirements in clauses (a) and (b) are established and the processes are recorded in writing.

Inspection Finding

The infection prevention and control policy did not set out the processes to be followed in the Home for surveillance protocol to identify, document and monitor residents who report symptoms of respiratory or gastrointestinal illness, as prescribed. Further, the specific steps in reporting an outbreak or increase in symptomatic residents to the Medical Officer of Health, or designate, were not documented.

Outcome

The Licensee must take corrective action to achieve compliance.

5. 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:

1. Physical and mental health.
2. Functional capacity.
4. Behavioural issues.
5. Need for care services.

Inspection Finding

The assessment presented for inspection did not contain all of the required matters.

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. 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 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,

(f) fire prevention and safety;

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.

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 records presented for inspection did not confirm that all staff were trained in the areas prescribed.

Outcome

The Licensee must take corrective action to achieve compliance.

- 7. 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,

(d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;

(f) set out the consequences for those who abuse or neglect residents;

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

(a) contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

<p>(b) contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;</p>
<p>Inspection Finding The policy to promote zero tolerance of abuse and neglect was not fully aligned with the legislated requirements.</p>
<p>Outcome The Licensee must take corrective action to achieve compliance.</p>
<p>8. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>29. 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 ensure that,</p> <p style="padding-left: 40px;">(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,</p> <p style="padding-left: 80px;">(ii) the safe disposal of syringes and other sharps,</p>
<p>Inspection Finding The evidence of training of staff did not confirm that the required content was addressed.</p>
<p>Outcome The Licensee must take corrective action to achieve compliance.</p>
<p>9. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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.</p>
<p>Inspection Finding The medication management policies and procedures presented for inspection did not adequately address and describe acquiring, receiving, administering, or destroying/ disposing of medications.</p>
<p>Outcome</p>


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 April 4, 2018
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