

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

Inspection Information	
<b>Date of Inspection:</b> April 10, 2018	<b>Name of Inspector:</b> Michele Davidson
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 2249000 Ontario Ltd. / 4 Partridge Lane, Scarborough, ON M1T 3C6 (the "Licensee")	
<b>Retirement Home:</b> Bethseda Home (76) / 76 Silversted Drive, Scarborough, ON M1S 3A5 (the "home")	
<b>Licence Number:</b> T0291	

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><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>54. (2)</b> The package of information shall include, at a minimum,</p> <ul style="list-style-type: none"> <li>(c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</li> <li>(k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices;</li> </ul>
<p><b>Inspection Finding</b></p> <p>The new resident information package, which was presented at the inspection, did not contain the items listed</p>
<p><b>Outcome</b></p> <p>The Licensee took corrective action to achieve compliance</p>
<p><b>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. 26; Emergency plan, retirement home with 10 or fewer residents.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>24. (5)</b> The licensee shall,</p> <ul style="list-style-type: none"> <li>(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, <ul style="list-style-type: none"> <li>(i) the loss of essential services,</li> </ul> </li> </ul>

- (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.

**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:

- 5. The plan shall identify the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.
- 6. The licensee shall ensure that the plan is 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 emergency plan presented at the time of the inspection, did not contain the items listed.

**Outcome**

The Licensee advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

**3. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs.**

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

**43. (2)** The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

- 7. Risk of harm to self and to others.

**Inspection Finding**

At the time of the inspection, the resident assessment did not contain the noted item.

**Outcome**

The Licensee took corrective action to achieve compliance.

- 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;

**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**

Training records reviewed during the inspection did not provide evidence of training in the listed areas.

**Outcome**

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

- (i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,
- (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
- (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
- (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented,
- (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 Resident Abuse and Neglect Policy which was presented at the inspection, lacked the items listed.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

**6. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.**

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

- 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,
- (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,
    - (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,
    - (ii) the safe disposal of syringes and other sharps,
    - (iii) recognizing an adverse drug reaction and taking appropriate action;
  - (c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug;

**Inspection Finding**

At the time of the inspection, the Licensee did not provide evidence that staff administering medication had received training in the areas listed.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

**7. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.**

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

- 30.** If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,


<p>(a) the drugs or other substances are stored in an area or a medication cart that, (iii) protects the drugs or other substances from heat, light, humidity or other environmental conditions that may affect their efficacy,</p>
<p><b>Inspection Finding</b> During the inspection, it was noted that the Licensee did not possess a dedicated medication refrigerator.</p>
<p><b>Outcome</b> The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>
<p><b>8. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>32.</b> If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,</p> <p style="padding-left: 40px;">(b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991;</p>
<p><b>Inspection Finding</b> At least one resident did not have prescriptions of tile for medication that was being administered by staff.</p>
<p><b>Outcome</b> The Licensee submitted plan to achieve compliance by April 25, 2018. RHRA to confirm compliance by inspection.</p>

**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/>

<p>Signature of Inspector</p> 	<p>Date</p> <p style="text-align: center;">April 25, 2018</p>
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