

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

Inspection Information	
Date of Inspection: March 6, 2018	Name of Inspector: Douglas Crust
Inspection Type: Mandatory Reporting Inspection	
Licensee: Dementia Care (Kitchener) Inc. / 145 Queen Street, St. Marys, ON N4X 1B2 (the "Licensee")	
Retirement Home: Highview Residences Kitchener / 20 Reichert Drive, Kitchener, ON N2P 0G9 (the "home")	
Licence Number: T0513	

Purpose of Inspection
The RHRA received a report under section 75(1) 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. 67; Policy to promote zero tolerance.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 15; Policy of zero tolerance of abuse and neglect.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>67. (4) Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.</p> <p>15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,</p> <p>(g) provide that the licensee of the retirement home shall ensure that,</p> <ul style="list-style-type: none"> (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.

(f) provide that the licensee of the retirement home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence;

Inspection Finding

The policy to promote zero tolerance of abuse and neglect which was presented for inspection was not fully aligned with the legislation. Further, in an incident of resident to resident physical abuse, the policy was not complied with. In particular, the Licensee’s response did not include: collecting statements from the residents involved in the incident, collecting witness reports, documenting the investigation findings, assessing the needs and determining the reasons/ triggers for the incident, communicating planned interventions to staff. The specific documentation requirements set out in the policy were not followed.

Outcome

The Licensee submitted a plan to achieve compliance by May 24, 2018. RHRA to confirm compliance by inspection.

2. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.

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

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

(c) strategies for monitoring residents that have demonstrated 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.

Inspection Finding

The Licensee’s behavior management strategy was not implemented. Specifically, the Heightened Monitoring Communication Report referred to in the strategy was not completed and the Behavioural Assessment Flowsheet was not initiated for additional monitoring and completed until the behavior was resolved, as set out in the strategy.

Outcome

The Licensee submitted a plan to achieve compliance by May 24, 2018. RHRA to confirm compliance by inspection.

3. The Licensee failed to comply with O. Reg. 166/11, s. 41; Dementia care program.

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

41. (2) The program shall include,

(d) strategies for communicating with the resident if the resident has compromised communication and verbalization skills, a cognitive impairment or cannot communicate in the languages used in the retirement home;

Inspection Finding

The dementia care program which was presented for inspection was not fully aligned with the prescribed requirements. Specifically, the communication strategies were not described.

<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by May 24, 2018. RHRA to confirm compliance by inspection.</p>
<p>4. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>43. (2) The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:</p> <ul style="list-style-type: none"> 5. Dietary needs including known food restrictions. 7. Risk of harm to self and to others.
<p>Inspection Finding</p> <p>The assessment did not contain all of the prescribed matters.</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>5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>62. (9) The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:</p> <ul style="list-style-type: none"> 1. The resident or the resident’s substitute decision-maker. 2. The prescribed person if there is a person prescribed for the purpose of this paragraph. <p>62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,</p> <p>(c) the care services set out in the plan have not been effective.</p>
<p>Inspection Finding</p> <p>The current plan of care for a resident was dated March 6, 2018, after the inspection started. Although there were changes noted in the progress notes on February 22, 24 and 26 it appears that the plan of care was not immediately revised to reflect the changes. The plan of care for another resident was not approved, as prescribed.</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>6. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

14. (3) For the purposes of paragraph 5 of subsection 65 (5) of the Act, every licensee of a retirement home shall ensure that every staff member who provides a care service to a resident has received or receives training in,

(b) each care service offered in the home so that the staff member is able to understand the general nature of each of those services, the standards applicable under the Act to each of those services and the aspects of each of those services that may be relevant to the staff member’s own duties in the home.

Inspection Finding

The Chief Operating Officer confirmed that all staff were not trained in each care service provided by the Licensee, specifically dementia care.

Outcome

The Licensee submitted a plan to achieve compliance by April 27, 2018. 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/>

<p>Signature of Inspector</p> 	<p>Date</p> <p>April 25, 2018</p>
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