

# FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

**Inspection Information** 

**Inspection Type:** Compliance Inspection

Licensee: Country Haven Retirement Homes Inc. / 105 King Street, Kitchener, ON N2G 2K8 (the "Licensee")

Retirement Home: Country Haven Retirement Home / 1387 Beachburg Road, Beachburg, ON KOJ 1CO (the

"home")

Licence Number: N0131

## **Purpose of Inspection**

The RHRA conducts compliance inspections as set out in section 77(1) of the *Retirement Homes Act, 2010* (the "RHA").

#### **NON-COMPLIANCE**

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 68; Restraints prohibited.
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.

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

- **68. (1)** No licensee of a retirement home and no external care providers who provide care services in the home shall restrain a resident of the home in any way, including by the use of a physical device or by the administration of a drug except as permitted by section 71.
- <u>68. (3)</u> 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.
- **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,
  - (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;

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(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**

Management of the home was educated about PASDs and restraints during a prior inspection. Upon inspection the home was found to have orders for restraints on file and evidence showed that the home was using bed rails, tilt wheelchairs and seat belts in some cases as restraints. The home's PASD policy did not meet the requirements.

### **Outcome**

Licensee submitted a plan to achieve compliance by July 27, 2018. RHRA to confirm compliance by inspection.

2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 69; Restrictions on use.

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

- <u>69. (2)</u> A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,
  - (a) the licensee has considered or tried alternatives to the use of the device but has found that the alternatives have not been, or considers that they would not be, effective to assist the resident with a routine activity of living;
  - (b) the use of the device is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such devices that would be effective to assist the resident with a routine activity of living;
  - (d) the resident or, if the resident is incapable, the resident's substitute decision-maker, has consented to the use of the device;
  - (e) the use of the device is included in the resident's plan of care;

# **Inspection Finding**

The Licensee did not ensure that the use of personal assistance services devices for residents of the home met the requirements.

# Outcome

Licensee submitted a plan to achieve compliance by July 27, 2018. RHRA to confirm compliance by inspection.

3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.

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

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- **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:
  - 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.
- <u>62. (12)</u> 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,
  - (b) the resident's care needs change or the care services set out in the plan are no longer necessary;

# **Inspection Finding**

Plans of care were not approved as required and residents were not reassessed as required.

### **Outcome**

Licensee submitted a plan to achieve compliance by July 27, 2018. RHRA to confirm compliance by inspection.

4. The Licensee failed to comply with O. Reg. 166/11, s. 48; Approval of the plan of care.

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

<u>48. (2)</u> For the purposes of paragraph 2 of subsection 62 (9) of the Act, if an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that the resident's plan of care is approved by a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.

### **Inspection Finding**

The Licensee failed to ensure that the plans of care of two residents were approved by a prescribed person when one was required.

## **Outcome**

Licensee submitted a plan to achieve compliance by July 27, 2018. RHRA to confirm compliance by inspection.

5. The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.

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

<u>47. (5)</u> If an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident's plan of care and that the resident's plan of care takes into account the results of the care conference.

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# **Inspection Finding**

The Licensee failed to ensure that interdisciplinary care conferences were held as part of the development of plans of care for residents as required.

## Outcome

Licensee submitted a plan to achieve compliance by July 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 <a href="http://rhra.ca/en/register/">http://rhra.ca/en/register/</a>

Signature of Inspector	Date
Food Lo	July 16, 2018

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