

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

Inspection Information	
<b>Date of Inspection:</b> July 31, 2018	<b>Name of Inspector:</b> Susan Lines
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Country Haven Retirement Homes Inc. / 105 King Street, Kitchener, ON N2G 2K8 (the "Licensee")	
<b>Retirement Home:</b> Country Haven Retirement Home / 1387 Beachburg Road, Beachburg, ON K0J 1C0 (the "home")	
<b>Licence Number:</b> N0131	

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> <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><b>Inspection Finding</b></p> <p>The home's information package did not meet the requirements because it did not include that the home offered dementia care service.</p>
<p><b>Outcome</b></p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>
<p><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 55; Posting information.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>55. (2)</b> 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>

2. The licensee's licence for the home.

**Inspection Finding**

The home's RHRA License was not posted at the time of inspection as required.

**Outcome**

The Licensee has 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. 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.**

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,

**25. (3)** The licensee shall ensure that the emergency plan provides for the following:

1. Dealing with,
  - iii. violent outbursts,
  - v. medical emergencies,
  - vii. situations involving a missing resident,
2. Evacuation of the retirement home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.
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.
4. Identification of the community agencies, partner facilities and resources that will be involved in responding to an emergency.

**25. (4)** The licensee shall ensure that the emergency plan addresses the following components:

2. Lines of authority.
4. Specific staff roles and responsibilities.

**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 home's emergency plan did not meet the requirements.

**Outcome**

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. (2)** The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.

**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 home's infection prevention and control program did not meet the requirements.

**Outcome**

The Licensee submitted a plan to achieve compliance by September 30, 2018. RHRA to confirm compliance by inspection.

**5. 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,  
(a) clearly set out what constitutes abuse and neglect;

**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>Inspection Finding</b></p> <p>The home's abuse policy did not meet the requirements.</p>
<p><b>Outcome</b></p> <p>The Licensee submitted a plan to achieve compliance by September 24, 2018. RHRA to confirm compliance by inspection.</p>
<p><b>6. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>30.</b> 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> <ul style="list-style-type: none"> <li>(a) the drugs or other substances are stored in an area or a medication cart that, <ul style="list-style-type: none"> <li>(i) is used exclusively for drugs or other substances and for supplies related to drugs or other substances,</li> <li>(b) controlled substances as defined in the Controlled Drugs and Substances Act (Canada) are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart;</li> </ul> </li> </ul>
<p><b>Inspection Finding</b></p> <p>The home's medication storage did not meet the requirements.</p>
<p><b>Outcome</b></p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>
<p><b>7. The Licensee failed to comply with O. Reg. 166/11, s. 41; Dementia care program.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>41. (1)</b> If the licensee of a retirement home provides a dementia care program to a resident of the home, the licensee shall ensure that the program complies with this section.</p> <p><b>41. (2)</b> The program shall include,</p> <ul style="list-style-type: none"> <li>(a) therapies, techniques and activities, including mental stimulation, to maximize the functioning and independence of the resident in the areas of physical, cognitive, sensory and social abilities;</li> <li>(c) therapies, techniques and activities to promote quality of life and wellbeing for the resident;</li> <li>(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;</li> <li>(e) strategies for identifying and addressing triggers for responsive behaviours if the resident exhibits responsive behaviours.</li> </ul>

**Inspection Finding**

Records showed that the home had not implemented a dementia care program for residents which satisfied the requirements.

**Outcome**

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

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

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

**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.

**Inspection Finding**

The home's plans of care did not meet the requirements.

**Outcome**

Licensee must take corrective action to achieve compliance.

**9. 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):

**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;
- (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;

**Inspection Finding**

The home's PASD policy did not meet the requirements.

**Outcome**

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

**10. 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):

- 69. (2)** 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;

**Inspection Finding**

The home's records showed that the home use of PASDs for several residents did not meet the requirements.

**Outcome**


The Licensee submitted a plan to achieve compliance by September 24, 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/>

Signature of Inspector 	Date August 28, 2018
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