

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

Inspection Information	
Date of Inspection: July 17, 2018	Name of Inspector: Douglas Crust
Inspection Type: Mandatory Reporting Inspection	
Licensee: 1582611 Ontario Ltd. / 99 Walford Road, Sudbury, ON P3E 6K3 (the "Licensee")	
Retirement Home: The Walford On The Park (Copper Cliff) / 38 Godfrey Drive, Copper Cliff, ON P0M 1N0 (the "home")	
Licence Number: N0172	

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 O. Reg. 166/11, s. 22; Risk of falls.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>22. (1) Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.</p> <p>22. (3) If a resident of a retirement home falls in the home in circumstances other than those described in subsection (2) and the licensee or a staff member becomes aware of the fall, the licensee shall ensure that the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.</p>
<p>Inspection Finding</p> <p>At the time of the inspection, the evidence provided did not demonstrate that the Licensee had consistently implemented strategies to reduce or mitigate a resident's risk of falling in the Home, and to document the corrective actions taken to prevent falls.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by September 8, 2018. RHRA to confirm compliance by inspection.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,
 (i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person’s duties;

Inspection Finding

The evidence provided at the inspection did not demonstrate that all staff had received training in the Licensee’s falls reduction strategy.

Outcome

The Licensee submitted a plan to achieve compliance by September 8, 2018. RHRA to confirm compliance by inspection.

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

43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident’s immediate care needs is conducted.

44. (1) Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident’s care needs and preferences is conducted.

Inspection Finding

The evidence provided did not demonstrate that the assessments for a resident had been completed within the prescribed time frames.

Outcome

The Licensee submitted a plan to achieve compliance by September 8, 2018. RHRA to confirm compliance by inspection.

**4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Involvement of resident, etc..
 The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Integration of assessments and care.
 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.
 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):

62. (5) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate in the development, implementation and reviews of the resident’s plan of care.

62. (8) The licensee shall ensure that there are protocols to promote the collaboration between the staff, external care providers and others involved in the different aspects of care of the resident,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

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.

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,

(a) a goal in the plan is met;

(b) the resident’s care needs change or the care services set out in the plan are no longer necessary;

(c) the care services set out in the plan have not been effective.

47. (1) Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident’s immediate care needs conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident’s immediate care needs.

47. (5) 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.

Inspection Finding

There was no evidence that the resident had been given the opportunity to participate in the development of the plan of care or that the plan of care was integrated to include care services from an external care provider. The plan of care was not updated at the prescribed intervals and although there had been a change to the plan of care in February of 2018 there was no evidence that the resident had approved the change or received a copy of the plan of care, as prescribed. Finally, the initial plan of care was not developed within the prescribed time frame and an interdisciplinary care conference was not held, as prescribed, although the resident received skin and wound care.

Outcome

The Licensee submitted a plan to achieve compliance by September 8, 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 30, 2018
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