

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

Inspection Information	
Date of Inspection: August 13, 2018	Name of Inspector: Debbie Rydall
Inspection Type: Complaint Inspection	
Licensee: 1612714 Ontario Inc. / 307 King Street, Hamilton, ON L8N 1C1 (the "Licensee")	
Retirement Home: Cathmar Manor / 236 Catherine Street, Hamilton, ON L8L 4S6 (the "home")	
Licence Number: S0159	

Purpose of Inspection
The RHRA received a complaint under section 83(1) of the Retirement Homes Act, 2010 (the "RHA").

NON-COMPLIANCE
<p>1. 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> <p>65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,</p> <p style="padding-left: 40px;">(b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;</p>
<p>Inspection Finding</p> <p>The inspection revealed that the home's staff had not received training in the Licensee's zero tolerance of abuse and neglect policy as per the requirements of the legislation.</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>2. The Licensee failed to comply with O. Reg. 166/11, s. 17; Cleanliness. The Licensee failed to comply with O. Reg. 166/11, s. 20; Food preparation.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>17. (1) Every licensee of a retirement home shall ensure that the common areas of the home, including the floors and any furnishings, equipment and linens in those areas, are clean and sanitary.</p>

17. (3) The licensee shall document the routines and methods used to comply with subsections (1) and (2).

20. (3) The licensee shall implement procedures for each of the following matters and ensure that all staff involved in preparing food receives adequate training in them and are retrained annually:

- 5. Appropriate cleaning schedules and sanitation practices.

Inspection Finding

There was no documented evidence provided at the time of the inspection to support that the home had the required routines and cleaning practices in place as per the requirements of the legislation.

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. 18; Pest control.

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

18. (2) The licensee shall document the procedures implemented.

18. (3) The licensee shall ensure that timely action is taken to deal with pests in the retirement home.

Inspection Finding

The home had a pest control procedure in place; however, there was no evidence that it was followed as there was no documentation to support what procedures had been implemented or that timely action was taken to deal with pests in the home as per the requirements of the legislation. Evidence was reviewed to support that a pest control company did provide some services to the home; however, it was concerning that the company wasn't contacted to manage ongoing pest infestations and instead the home tried to manage the infestation on their own.

Outcome

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

4. The Licensee failed to comply with O. Reg. 166/11, s. 19; Maintenance.

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

19. (1) Every licensee of a retirement home shall ensure that a maintenance program is in place to ensure that the building forming the retirement home, including both interior and exterior areas and its operational systems, are maintained in good repair.

<p>Inspection Finding</p> <p>The home’s Maintenance policy reviewed at the time of the inspection did not include policies and procedures for routine, preventative and remedial maintenance of the home in the prescribed areas. Some required repairs were documented in the maintenance log; however, they were not dated or signed off to indicate that corrective action had been taken.</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 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>Inspection Finding</p> <p>There was no evidence provided for review at the time of the inspection to support that the home had developed a falls strategy as per the requirements of the legislation.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by October 31, 2018. RHRA to confirm compliance by inspection.</p>
<p>6. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>27. (7) The licensee of a retirement home shall ensure that waterless, alcohol-based hand sanitizer or another form of hand sanitation that provides equivalent protection against infectious disease transmission is available for use by residents and staff in communal resident areas and in staff work areas.</p>
<p>Inspection Finding</p> <p>The home did not ensure that waterless, alcohol-based hand sanitizer was available for use by residents and staff as per the requirements of the legislation. At the time of the inspection the only hand sanitizer observed was empty.</p>
<p>Outcome</p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>

7. The Licensee failed to comply with O. Reg. 166/11, s. 40; Provision of a meal.

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

- 40.** 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 provision of a meal, the licensee shall ensure that,
- (b) menus provide adequate nutrients, fibre and energy for the resident, include fresh seasonal foods and are consistent with standards of good nutrition in Canada;
 - (e) the menu includes alternative entrée choices at each meal;
 - (g) the resident is informed of his or her daily and weekly menu options;

Inspection Finding

The home's daily menu was observed to be visible during the inspection; however, the weekly menu posted in the dining room was too high for residents to be able to see or access without staff assistance. The menu did not include alternative entree choices at each meal as required and there was no evidence provided to support that residents were offered alternative meal choices. The home's menu must meet the standards of good nutrition as per the requirements of the legislation.

Outcome

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

8. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.

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

- 59. (1)** Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
- 1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
 - 2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.
 - 3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.
 - 4. A response shall be made to the person who made the complaint, indicating,
 - i. what the licensee has done to resolve the complaint,
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.
- 59. (2)** The licensee shall ensure that a written record is kept in the retirement home that includes,
- (a) the nature of each verbal or written complaint;

- (b) the date that the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any, of the complaint;
- (e) every date on which any response was provided to the complainant and a description of the response;
- (f) any response made in turn by the complainant.

Inspection Finding

The home had a complaints management procedure in place, however; evidence gathered through the inspection process did not support that the procedure was followed. Specifically; management verified that complaints had been made to the home but there was no evidence to support that the complaints were investigated and documented as per the requirements of the legislation.

Outcome

The Licensee submitted a plan to achieve compliance by October 31, 2018. RHRA to confirm compliance by inspection.

9. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Information for residents.

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

- 54. (1)** Every licensee of a retirement home shall ensure that,
 - (c) the package of information is accurate and revised as necessary;

Inspection Finding

The Resident Handbook, documented that the home had a 24-hour emergency response system in place; however, there was no evidence that the home had any system in place for residents to access assistance from staff. The package of information, reviewed at the time of the inspection did not provide accurate information as per the requirements of the legislation.

Outcome


The Licensee submitted a plan to achieve compliance by November 16, 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 October 22, 2018
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