

# FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

**Inspection Information** 

**Date of Inspection:** October 16, 2018 **Name of Inspector:** Tania Buko

**Inspection Type:** Routine Inspection

Licensee: Jovanka Jovic / 143 Madison Avenue, Kitchener, ON N2G 3M4 (the "Licensee")

Retirement Home: Zora Srpski Dom / 143 Madison Avenue, Kitchener, ON N2G 3M4 (the "home")

Licence Number: T0504

#### **Purpose of Inspection**

The RHRA conducts routine inspections as set out in section 77(3) of the *Retirement Homes Act, 2010* (the "RHA").

## **NON-COMPLIANCE**

1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.

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

- 54. (2) The package of information shall include, at a minimum,
  - (c) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;
  - (d) the licensee's procedure for complaints mentioned in subsection 73 (1);

#### **Inspection Finding**

The Licensee failed to ensure the information package contained the required criteria in relation to the home's zero tolerance of abuse and neglect policy and complaints procedure.

#### Outcome

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

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. 26; Emergency plan, retirement home with 10 or fewer residents.

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

# 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,

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- (ii) situations involving a missing resident,
- (iii) medical emergencies,
- (iv) violent outbursts;
- (c) keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan.
- <u>26.</u> The emergency plan for a retirement home that has 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:
  - 3. The plan shall include steps in the evacuation of the 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.

# **Inspection Finding**

The routine inspection revealed the home failed to complete the required annual testing of their emergency plan in the noted areas. In addition, the evacuation procedures in the home's emergency plan does not include a proper system to account for residents.

#### **Outcome**

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

3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.

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

- **65. (2)** Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,
  - (d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;
- 14. (1) For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure that all staff who work in the home receive training in the procedure described in subsection 73 (1) of the Act for a person to complain to the licensee.

#### **Inspection Finding**

The Licensee failed to ensure that staff received the required training in the prescribed areas.

#### **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. 30; Storage of drugs or other substances.

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

- <u>30.</u> If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,
  - (a) the drugs or other substances are stored in an area or a medication cart that,

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(i) is used exclusively for drugs or other substances and for supplies related to drugs or other substances,

# **Inspection Finding**

The Licensee failed to ensure that a medication cart was used solely for the storage of medications, as unrelated items were observed in the same location.

## **Outcome**

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

5. The Licensee failed to comply with O. Reg. 166/11, s. 31; Medication management system.

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

**31. (1)** 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 administration of a drug or other substance, the licensee shall establish a medication management system, which includes written policies and procedures, to ensure that all drugs and other substances to be administered to residents of the home are acquired, received in the home, stored, dispensed, administered, destroyed and disposed of correctly as required by law and in accordance with prevailing practices.

# **Inspection Finding**

The Licensee's written medication management policies and procedures does not include how medications are acquired, received, stored, destroyed or disposed of correctly.

#### **Outcome**

The Licensee must take corrective action to achieve compliance

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 68; Policy re devices.

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

**68. (3)** 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.

#### **Inspection Finding**

The Licensee was unable to provide evidence to support that the home has a written policy regarding the use of personal assistance services devices.

#### **Outcome**

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

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# **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             |
|------------------------|------------------|
| Bulo                   | October 29, 2018 |

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