

FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

Inspection Information

Date of Inspection: November 13, 2018 **Name of Inspector:** Rachelle Harber

Inspection Type: Routine Inspection

Licensee: City Housing Hamilton Corporation / 55 Hess Street, Hamilton, ON L8N 4E5 (the "Licensee")

Retirement Home: First Place Hamilton / 360 King Street, Hamilton, ON L8N 3Y2 (the "home")

Licence Number: S0193

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;
 - (k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices;

Inspection Finding

The Licensee did not ensure that the package of information includes the requirements set out in this section.

Outcome

The Licensee submitted plan to achieve compliance by December 21, 2018. RHRA to confirm compliance by inspection.

2. The Licensee failed to comply with O. Reg. 166/11, s. 9; Agreement before resident commences residency.

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

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- <u>9.</u> The agreement that subsection 53 (1) of the Act requires the licensee of a retirement home to enter into with a resident of the home shall contain,
 - (d) under the heading mentioned in clause (a), a statement from the licensee that,
 - (i) the licensee has given to the resident the package of information required by clause 54 (1)
 - (a) of the Act,
 - (ii) the package includes all of the information required under subsection 54 (2) of the Act,
 - (iii) the licensee warrants that all of the information that the licensee provided in the package was accurate and complete on the date of the agreement.
 - (a) the heading Retirement Homes Act, 2010 Provisions or the equivalent of that heading in the language of the agreement if the agreement is not in English;
 - (b) under the heading mentioned in clause (a), a notice to the resident that sections 77 and 80 of the Act authorize an inspector or an investigator respectively to inspect, copy and remove records containing a resident's personal information, including personal health information, from the home for the purpose of determining whether the licensee is in compliance with the requirements of the Act;
 - (c) under the heading mentioned in clause (a), a statement as to whether or not the licensee will indemnify the resident against loss of the resident's possessions and if so, the details of the indemnification, including the extent to which the resident's possessions are insured by the licensee;

The Licensee did not ensure that the residents agreements meet the requirements set out in this section.

Outcome

The Licensee submitted plan to achieve compliance by December 21, 2018. 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,
 - (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.
- 25. (3) The licensee shall ensure that the emergency plan provides for the following:
 - 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.

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The homes emergency plan does not meet the requirements set out in this section, including current transportation arrangements in the event of an evacuation, keeping a written record of testing of the emergency plan and any changes made to improve the system as well as regular testing of the homes emergency supplies and equipment.

Outcome

The Licensee submitted plan to achieve compliance by December 21, 2018. RHRA to confirm compliance by inspection.

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 homes infection prevention and control program does not meet the requirements set out in this section.

Outcome

The Licensee submitted plan to achieve compliance by December 21, 2018. RHRA to confirm compliance by inspection.

5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.

The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.

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):

- **65. (2)** Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,
 - (a) the Residents' Bill of Rights;
 - (b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;
 - (c) the protection afforded for whistle-blowing described in section 115;

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- (d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;
- (f) fire prevention and safety;
- <u>65. (5)</u> The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:
 - 3. Behaviour management.
- **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.
- **27. (9)** The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,
 - (a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items;
 - (b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

The Licensee did not ensure that all staff received training as per the legislative requirements.

Outcome

The Licensee submitted plan to achieve compliance by December 21, 2018. RHRA to confirm compliance by inspection.

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;
 - (f) set out the consequences for those who abuse or neglect residents;
- **15. (1)** The program for preventing abuse and neglect described in clause 67 (5) (c) of the Act shall entail training and retraining requirements for all staff of the retirement home, including,
 - (a) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care;

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- (b) situations that may lead to abuse and neglect and how to avoid such situations.
- **15. (3)** The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,
 - (g) provide that the licensee of the retirement home shall ensure that,
 - (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
 - (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
 - (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented,
 - (v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.
 - (b) contain procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

The homes zero tolerance of abuse and neglect policy does not meet the requirements set out in this section.

Outcome

The Licensee submitted plan to achieve compliance by December 21, 2018. RHRA to confirm compliance by inspection.

7. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Requirements for procedure.

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

73. (2) The procedure shall comply with the regulations.

Inspection Finding

The homes written complaints procedure does not comply with the Regulation, specifically to include that an investigation shall commence immediately with a complaint that alleges harm or risk of harm.

Outcome

The Licensee submitted plan to achieve compliance by December 21, 2018. RHRA to confirm compliance by inspection.

8. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.

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

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23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

(d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.

Inspection Finding

The homes behavior management strategy does not meet the legislative requirements set out in this section.

Outcome

The Licensee submitted plan to achieve compliance by December 21, 2018. 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 http://rhra.ca/en/register/

Signature of Inspector	Date
Hachelle Harber	December 4, 2018

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