

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

Inspection Information

Date of Inspection: February 13, 2019 Name of Inspector: Julie Hebert

Inspection Type: Mandatory Reporting Inspection

Licensee: Dementia Care Inc. / 35 Capulet Walk, London, ON N6H 5W4 (the "Licensee")

Retirement Home: Highview Residences / 35, 41 Capulet Walk, London, ON N6H 5W4 (the "home")

Licence Number: S0029

Purpose of Inspection

The RHRA received a report under section 75(1) 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. 67; Policy to promote zero tolerance.

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

<u>67. (4)</u> Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.

Inspection Finding

A suspected incident of staff to resident physical abuse was reported to the home by an external care provider on February 1st. The home did not immediately follow their abuse policy by assessing the resident for injury, suspending the subject employee, notifying the substitute decision maker for the resident, nor reporting the matter to the RHRA.

Outcome

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

2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.

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

<u>62. (4)</u> The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

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(b) the planned care services for the resident that the licensee will provide, including, (iii) clear directions to the licensee's staff who provide direct care to the resident;

Inspection Finding

The resident involved in the above-mentioned incident was reported to be resistant to care and aggressive with staff. This information was not outlined in the resident's plan of care to ensure staff had clear directions for how they were to provide care to this resident.

Outcome

The Licensee advised it has taken corrective action to achieve compliance. 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
Julie Hebert	March 1, 2019

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