

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

Inspection Information	
<b>Date of Inspection:</b> January 28, 2019	<b>Name of Inspector:</b> Douglas Crust
<b>Inspection Type:</b> Mandatory Reporting Inspection	
<b>Licensee:</b> 2398125 Ontario Inc. / 154 Maple Street, Simcoe, ON N3Y 2G6 (the "Licensee")	
<b>Retirement Home:</b> Maple Lodge Retirement Home / 154 Maple Street, Simcoe, ON N3Y 2G6 (the "home")	
<b>Licence Number:</b> S0243	

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><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>67. (4)</b> 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.</p>
<p><b>Inspection Finding</b></p> <p>There was insufficient evidence to confirm that the Licensee complied with the policy to promote zero tolerance of abuse and neglect for a specific event on January 5, 2019. Specifically, the Licensee was not able to demonstrate how or when staff intervened, that the situation was immediately reported to a supervisor (as defined in the policy), that comfort measures and support were extended to the abused resident, and no statements were taken as described in the policy.</p>
<p><b>Outcome</b></p> <p>The Licensee submitted a plan to achieve compliance by March 31, 2019. RHRA to confirm compliance by inspection</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>23. (1)</b> Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <p>(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;</p>

- (b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;
- (c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;

**Inspection Finding**

There was insufficient evidence to confirm that the behaviour management policy was fully implemented. Specifically, the Licensee was not able to provide details to confirm each of the strategies, techniques and interventions attempted, and to document these as stated in the policy. In addition, the monitoring strategy and monitoring frequency, as described in the policy of the Home, was not documented.

**Outcome**

The Licensee submitted a plan to achieve compliance by March 31, 2019. RHRA to confirm compliance by inspection.

**3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.**

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

- 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.

**Inspection Finding**

The plan of care was not reviewed and revised for a resident who demonstrated behaviours after moving into the Home.

**Outcome**

The Licensee submitted a plan to achieve compliance by March 31, 2019. RHRA to confirm compliance by inspection.

**4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 75; Reporting certain matters to Registrar.**

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

- 75. (1)** A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Registrar:
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or a risk of harm to the resident.

**Inspection Finding**

The Licensee failed to report abuse of a resident by another resident, as prescribed.

**Outcome**

The Licensee submitted a plan to achieve compliance by March 14, 2019. RHRA to confirm compliance by inspection.

**5. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.**

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,

(iv) violent outbursts;

**Inspection Finding**

The Licensee was not able to provide evidence of the prescribed testing.

**Outcome**

The Licensee submitted a plan to achieve compliance by March 14, 2019. 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/>

<p>Signature of Inspector</p> 	<p>Date</p> <p>March 5, 2019</p>
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