

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

Inspection Information	
Date of Inspection: July 12, 2019	Name of Inspector: Tania Buko
Inspection Type: Routine Inspection	
Licensee: Parkview Meadows Christian Retirement Village / 72 Town Centre Drive, Townsend, ON N0A 1S0 (the "Licensee")	
Retirement Home: Parkview Meadows Christian Retirement Village - Southview / 72 Town Centre Drive, Townsend, ON N0A 1S0 (the "home")	
Licence Number: S0139	

Purpose of Inspection
The RHRA conducts routine inspections as set out in section 77(3) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p>1. 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><u>22. (1)</u> 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>The Licensee failed to implement the home's falls prevention strategies for a resident who has frequent falls, as interventions and strategies were not identified or put in place to minimize the risk of falls for the resident and the resident was not assessed on a quarterly basis or when there was a change in the resident's condition.</p>
<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going training.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.</p>

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;
- (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

65. (4) The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

65. (5) 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.

14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

Inspection Finding

The Licensee failed to ensure that prior to the commencement of work in the home, new staff reviewed were trained in the home's specific policies of personal assistance services devices, complaints, and zero tolerance of abuse and neglect, In addition, the new staff reviewed did not complete training in the Resident's Bill of Rights. Evidence also showed reviewed staff did not completed the required annual training in the noted areas including behaviour management strategies.

Outcome

The Licensee must take corrective action to achieve compliance.

3. 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,

- (ii) situations involving a missing resident,
- (iii) medical emergencies,
- (iv) violent outbursts;

Inspection Finding

At the time of inspection, there was insufficient evidence to support that annual testing of the home's emergency plan was completed in the noted areas.

Outcome

The Licensee must take corrective action to achieve compliance.

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 August 8, 2019
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