

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

Inspection Information	
Date of Inspection: September 26, 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 <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p>1. The Licensee failed to comply with O. Reg. 166/11, s. 41; Dementia care program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>41. (2) The program shall include,</p> <p>(e) strategies for identifying and addressing triggers for responsive behaviours if the resident exhibits responsive behaviours.</p>
<p>Inspection Finding</p> <p>Several incidents where a resident of the home assaulted other residents were discovered during inspection. There is no evidence that the home implemented a dementia care program for this resident using the therapies and strategies outlined in their plan of care to minimize their responsive behaviours.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by November 15, 2019. RHRA to confirm compliance by inspection.</p>
<p>2. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <p>(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;</p>

Inspection Finding

There was no evidence that the home monitored the resident in alignment with their behaviour management policy following several incidents of responsive behaviours in September.

Outcome

The Licensee submitted a plan to achieve compliance by November 15, 2019. 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 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.

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,
 (b) the licensee’s policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

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. (3) For the purposes of paragraph 5 of subsection 65 (5) of the Act, every licensee of a retirement home shall ensure that every staff member who provides a care service to a resident has received or receives training in,
 (b) each care service offered in the home so that the staff member is able to understand the general nature of each of those services, the standards applicable under the Act to each of those services and the aspects of each of those services that may be relevant to the staff member’s own duties in the home.

Inspection Finding

The home was not able to demonstrate that all staff working in the home, included those contracted by the Licensee to work in the home, were trained on their homes zero tolerance of abuse policy, behaviour management policy or dementia care program

Outcome

The Licensee submitted a plan to achieve compliance by November 1, 2019. RHRA to confirm compliance by inspection.

4. 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):

67. (4) 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

The home was not able to demonstrate that they followed their zero tolerance of abuse policy and contacted the police after several incidents of suspected criminal code offences with the same resident had occurred.

Outcome

The Licensee advised they have 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 October 18, 2019
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