

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

Inspection Information	
<b>Date of Inspection:</b> September 25, 2019	<b>Name of Inspector:</b> Rachelle Harber
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Eurita Barbara Ashley / 657 Mount Pleasant Road, Mount Pleasant, ON N0E 1K0 (the "Licensee")	
<b>Retirement Home:</b> Brucefield Manor Retirement Home / 657 Mount Pleasant Road, Mount Pleasant, ON N0E 1K0 (the "home")	
<b>Licence Number:</b> S0312	

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><b>1. 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 style="padding-left: 40px;">(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;</p> <p><b>23. (2)</b> The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.</p>
<p><b>Inspection Finding</b></p> <p>The home did not implement behavior management strategies for one resident in accordance with the legislative requirements listed.</p>
<p><b>Outcome</b></p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

**22. (4)** Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

**Inspection Finding**

The Licensee did not meet the legislative requirements for falls risk as listed.

**Outcome**

The Licensee submitted plan to achieve compliance by November 29, 2019. RHRA to confirm compliance by inspection.

**3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.  
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.**

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

**62. (4)** 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,

(b) the planned care services for the resident that the licensee will provide, including,

(i) the details of the services,

(ii) the goals that the services are intended to achieve,

(iii) clear directions to the licensee’s staff who provide direct care to the resident;

**62. (9)** The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:

1. The resident or the resident’s substitute decision-maker.

**Inspection Finding**

The Licensee did not meet the legislative requirements related to plans of care as listed.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

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

**32.** If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

- (a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered;
- (b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991;

**Inspection Finding**

The Licensee did not meet the legislative requirements for records related to medication administration as listed.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. 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,
  - (iii) medical emergencies,
  - (iv) violent outbursts;
- (b) at least once every two years, conduct a planned evacuation of the retirement home;

**Inspection Finding**

The Licensee did not meet the legislative requirements for emergency plan testing and planned evacuation.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 68; Policy re devices.  
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 69; Restrictions on use.**

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

**68. (3)** Every licensee of a retirement home shall ensure that there is a written policy regarding the use of personal assistance services devices for residents of the home and that the policy complies with the prescribed requirements, if any.

**69. (2)** A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

- (c) one or more of the following persons have approved the use of the device:
  - (i) a legally qualified medical practitioner,
  - (ii) a member of the College of Nurses of Ontario,
  - (iii) a member of the College of Occupational Therapists of Ontario,
  - (iv) a member of the College of Physiotherapists of Ontario,
  - (v) any other prescribed person;
- (a) the licensee has considered or tried alternatives to the use of the device but has found that the alternatives have not been, or considers that they would not be, effective to assist the resident with a routine activity of living;
- (b) the use of the device is reasonable, in light of the resident’s physical and mental condition and personal history, and is the least restrictive of such devices that would be effective to assist the resident with a routine activity of living;
- (d) the resident or, if the resident is incapable, the resident’s substitute decision-maker, has consented to the use of the device;
- (e) the use of the device is included in the resident’s plan of care;
- (f) the device is used in accordance with the prescribed requirements, if any.

**Inspection Finding**

The Licensee did not meet the legislative requirements for personal assistance services devices.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**7. The Licensee failed to comply with O. Reg. 166/11, s. 34; Assistance with feeding.**

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

**34.** If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is assistance with feeding, the licensee shall ensure that,

- (b) the resident receives assistance, if required, to eat and drink as safely, comfortably and independently as possible, including assistance with any eating aids or assistive devices and any necessary encouragement;

**Inspection Finding**

The Licensee did not meet the legislative requirements for the care service related to assistance with feeding.

**Outcome**

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

**8. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.**

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

- 30.** If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,
- (a) the drugs or other substances are stored in an area or a medication cart that,
    - (i) is used exclusively for drugs or other substances and for supplies related to drugs or other substances,

**Inspection Finding**

The Licensee did not meet the legislative requirements for storage of drugs or other substances.

**Outcome**

The Licensee submitted plan to achieve compliance by November 29, 2019. RHRA to confirm compliance by inspection.

**9. The Licensee failed to comply with O. Reg. 166/11, s. 36; Contenance care.**

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

- 36. (1)** If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is continence care, the licensee shall establish a continence care program that includes,
- (a) measures to promote continence;
  - (b) measures to prevent constipation, including nutrition and hydration protocols;
  - (c) toileting programs;
  - (d) strategies to maximize the resident’s independence, comfort and dignity, including the use of equipment, supplies, devices and assistive aids.

- 36. (2)** If, as part of the continence care program, a licensee provides continence care products to a resident, the licensee shall,
- (a) provide products that,
    - (i) are based on the resident’s individually assessed needs,
    - (ii) properly fit the resident,
    - (iii) promote the resident’s comfort, ease of use, dignity and good skin integrity,
    - (iv) promote continued independence wherever possible,
    - (v) are appropriate for the time of day, and for the individual resident’s type of incontinence;
  - (b) evaluate the resident’s satisfaction with the products at least annually in consultation with the resident, the resident’s substitute decision-makers, if any, and the staff who provide care services to the resident, and consider the evaluation when purchasing products.

**Inspection Finding**

The Licensee did not meet the legislative requirements for care services related to continence care.

**Outcome**


The Licensee has 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  RN	Date November 2, 2019
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