

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

Inspection Information	
Date of Inspection: October 28, 2019	Name of Inspector: Rachelle Harber
Inspection Type: Compliance Inspection	
Licensee: Pranajen Group Ltd. / 220 Dundas Street, Whitby, ON L1N 8M7 (the "Licensee")	
Retirement Home: Monarch Memory Care / 7715 Beaverdams Road, Niagara Falls, ON L2H 2J4 (the "home")	
Licence Number: S0089	

Purpose of Inspection
The RHRA conducts compliance inspections as set out in section 77(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,</p> <ul style="list-style-type: none"> (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; (c) the protection afforded for whistle-blowing described in section 115; (d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents; (f) fire prevention and safety; <p>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.</p> <p>27. (9) The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,</p>

- (a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items;
- (b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

The Licensee was not able to demonstrate that all staff were trained prior to working in the home. This is an area of continued non-compliance.

Outcome

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

2. The Licensee failed to comply with O. Reg. 166/11, s. 41; Dementia care program.

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

41. (2) The program shall include,

- (a) therapies, techniques and activities, including mental stimulation, to maximize the functioning and independence of the resident in the areas of physical, cognitive, sensory and social abilities;
- (c) therapies, techniques and activities to promote quality of life and wellbeing for the resident;
- (e) strategies for identifying and addressing triggers for responsive behaviours if the resident exhibits responsive behaviours.

41. (3) The program shall be developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

41. (4) The program shall be supervised by a member of a College, as defined in the Regulated Health Professions Act, 1991, with specific training in dementia care and care of older adults.

Inspection Finding

The Licensee was not able to demonstrate that the home provides a dementia care program that includes therapies, techniques and activities, including mental stimulation to promote quality of life and well-being and maximize functioning and independence of the residents in the home in the areas of physical, cognitive, sensory and social abilities. Further, the Licensee was not able to demonstrate that the home provides a dementia care program that includes strategies for identifying and addressing triggers for responsive behaviors for those residents who were exhibiting responsive behaviors.

Outcome

The Licensee submitted plan to achieve compliance by January 2, 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; Involvement of resident, etc..
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.
The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan 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,
 - (iii) clear directions to the licensee’s staff who provide direct care to the resident;

62. (5) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate in the development, implementation and reviews of the resident’s plan of care.

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.

47. (5) If an assessment of a resident indicates that the resident’s care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident’s plan of care and that the resident’s plan of care takes into account the results of the care conference.

Inspection Finding

Evidence obtained at the inspection shows that a plan of care was not completed for one resident. The plan of care for another resident did not address the provision of a care service and did not include clear directions to staff who provide care to the resident and the resident and/or the residents substitute decision maker was not given an opportunity to participate in the plan of care. Further, staff were unable to demonstrate that a multi-disciplinary care conference was held as part of the development of the plan of care for the three new residents.

Outcome

At the time of the inspection, the Licensee was in non-compliance. The home has since taken corrective action to achieve compliance.

4. 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. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

Inspection Finding

At the time of the inspection, the home was unable to demonstrate that they kept current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

Outcome

At the time of the inspection, the Licensee was in non-compliance. The home has since taken corrective action to achieve compliance.

5. 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 Licensee did not ensure the home's zero tolerance of abuse and neglect was complied with, as the home investigated an incident of alleged sexual abuse and did not keep a written record of the investigation.

Outcome


The Licensee has demonstrated 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 December 10, 2019
---	---------------------------