

FINAL INSPECTION REPORT

Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: October 9, 2019	Name of Inspector: Rachelle Harber
Inspection Type: Mandatory Reporting Inspection	
Licensee: 2428577 Ontario Inc. / 8158 Lundy's Lane, Niagara Falls , ON L2H 1H1 (the "Licensee")	
Retirement Home: Greycliff Manor / 8158 Lundy's Lane, Niagara Falls, ON L2H 1H1 (the "home")	
Licence Number: S0360	

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. 18; Pest control.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>18. (1)</u> Every licensee of a retirement home shall ensure that there are procedures in place to keep the home free from pests and to deal with pests in the home.</p> <p><u>18. (2)</u> The licensee shall document the procedures implemented.</p> <p><u>18. (3)</u> The licensee shall ensure that timely action is taken to deal with pests in the retirement home.</p>
<p>Inspection Finding</p> <p>Evidence shows that the Licensee did not ensure that the procedures that are in place for pest control related to bed bugs efficiently and effectively keep the home free from bed bugs and deal with bed bugs.</p>
<p>Outcome</p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Integration of assessments and care.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.</p>

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

62. (8) The licensee shall ensure that there are protocols to promote the collaboration between the staff, external care providers and others involved in the different aspects of care of the resident,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other;

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

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.

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,

(b) the resident’s care needs change or the care services set out in the plan are no longer necessary;

44. (3) If a licensee or a staff member of a retirement home has reason to believe that a 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 the full assessment is,

(b) if the resident’s care needs include dementia care, carried out using a clinically appropriate assessment instrument that is specifically designed for the assessment of dementia and related conditions.

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 shows that the home did not ensure protocols are in place with the external care provider of one resident to ensure collaboration in the assessment and development of the resident’s plan of care. The home did not ensure that each resident’s plan of care has been approved by the resident or the residents substitute decision-maker. The Licensee did not ensure that all residents were assessed, and plans reviewed and revised at least every six months and when the residents care needs changed. Further, the Licensee did not meet the requirements for assessments and plans of care for one resident whose care needs may include dementia care.

Outcome

The Licensee submitted plan to achieve compliance by December 20, 2019. RHRA to confirm compliance by inspection.

3. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.

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

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

- (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;
- (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;
- (d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.

23. (2) 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.

Inspection Finding

Evidence shows that the home did not develop and implement a written behavior management strategy for those residents who have demonstrated behaviors that pose a risk to the resident or others in the home.

Outcome


The Licensee submitted plan to achieve compliance by December 20, 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 Retirement Home Database, available online at <http://www.rhra.ca/en/retirement-home-database>.

Signature of Inspector  RN	Date January 31, 2020
---	------------------------------