

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

Inspection Information	
Date of Inspection: June 26, 2020	Name of Inspector: Tania Buko
Inspection Type: Mandatory Reporting Inspection	
Licensee: 1122121 Ontario Inc. / 1532 Pelham Street, Fonthill, ON L0S 1E3 (the "Licensee")	
Retirement Home: Shorthills Villa Retirement Community / 1532 Pelham Street, Fonthill, ON L0S 1E3 (the "home")	
Licence Number: S0011	

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. 27; Infection prevention and control program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>27. (5) The licensee of a retirement home shall ensure that,</p> <p>(0.b) all reasonable steps are taken in the retirement home to follow,</p> <p>(i) any directive respecting coronavirus (COVID-19) issued to long-term care homes by the Chief Medical Officer of Health under section 77.7 of the Health Protection and Promotion Act,</p>
<p>Inspection Finding</p> <p>The Licensee failed to follow the recommendations, guidance and advice by the Chief Medical Officer of Health regarding COVID-19, as a non-essential visitor easily gained access to the home, was not wearing a mask and was not properly screened.</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 O. Reg. 166/11, s. 59; Procedure for complaints to licensee.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:</p>

4. A response shall be made to the person who made the complaint, indicating,
 - i. what the licensee has done to resolve the complaint,
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.
1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.

- 59. (2)** The licensee shall ensure that a written record is kept in the retirement home that includes,
- (a) the nature of each verbal or written complaint;
 - (b) the date that the complaint was received;
 - (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
 - (d) the final resolution, if any, of the complaint;
 - (e) every date on which any response was provided to the complainant and a description of the response;
 - (f) any response made in turn by the complainant.

Inspection Finding

The Licensee failed to follow the home’s complaints policy in the management of a complaint made by a resident’s family member and failed to keep a record of the complaint as per the legislation.

Outcome

The Licensee has advised it has taken corrective action to achieve compliance. 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; On-going training.
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,

- (g) the licensee’s emergency evacuation plan for the home mentioned in subsection 60 (3);

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.

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.

Inspection Finding

The Licensee was unable to demonstrate that the manager of the home completed the required training in the home’s emergency plan and complaints policy.

Outcome

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

- 4. 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.
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.
The Licensee failed to comply with O. Reg. 166/11, s. 48; Approval of the 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,
 - (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;
 - (a) the care services that are part of a package of care services that the resident is entitled to receive under the resident’s agreement with the licensee, whether or not the resident receives the services;
- 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;
- 48. (1)** For the purposes of paragraph 2 of subsection 62 (9) of the Act and subject to subsection (2), the licensee shall ensure that a resident’s plan of care is approved by,
- (a) a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario;

Inspection Finding

The evidence showed numerous areas of non-compliance related to a resident’s reviewed plan of care. Specifically, the undated plan of care did not have the required approvals of a regulated health professional, the resident and/or the resident’s substitute decision maker, it was not updated when the resident’s care needs changed, the resident’s care services are not documented, and there are no details, goals or directions to staff for the care services provided to the resident.

<p>Outcome The Licensee must take corrective action to achieve compliance.</p>
<p>5. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>24. (5) The licensee shall,</p> <ul style="list-style-type: none"> (b) at least once every two years, conduct a planned evacuation of the retirement home; (c) keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan. <p>25. (3) The licensee shall ensure that the emergency plan provides for the following:</p> <ul style="list-style-type: none"> 2. Evacuation of the retirement home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.
<p>Inspection Finding The Licensee failed to ensure the home’s emergency plan is compliant as there was no system in place to account for the residents and staff in the event of an evacuation. In addition, the Licensee was unable to demonstrate that a full evacuation of the home was completed within the required time.</p>
<p>Outcome The Licensee must take corrective action to achieve compliance.</p>

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 	Date August 14, 2020
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