

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

Inspection Information	
Date of Inspection: February 2, 2021	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 the RHA, S.O. 2010, c. 11, s. 60; Standards. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>60. (1) Every licensee of a retirement home shall ensure that the care services that the licensee and the staff of the home provide to the residents of the home meet the prescribed care standards.</p> <p>29. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,</p> <p style="padding-left: 40px;">(b) no drug is administered by the licensee or the staff to the resident in the home except in accordance with the directions for use specified by the person who prescribed the drug for the resident;</p> <p>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,</p> <p style="padding-left: 40px;">(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;</p>
<p>Inspection Finding</p> <p>Evidence shows that the home failed to properly assess a resident for pain and administer pain medications as ordered to the resident. In addition, the home failed to keep accurate records of medication administration. The inspection also revealed continued non-compliance related to administration of drugs</p>

including record keeping.

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. 27; Infection prevention and control program.

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

27. (5) The licensee of a retirement home shall ensure that,

(0.b) all reasonable steps are taken in the retirement home to follow,

(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,

(ii) any guidance, advice or recommendations respecting coronavirus (COVID-19) that are given to long-term care homes by the Chief Medical Officer of Health and made available on the Government of Ontario’s website respecting coronavirus (COVID-19);

(0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home;

Inspection Finding

Evidence shows that the Licensee is in non-compliance with infection prevention and control practices specifically related to COVID-19 directives and guidance.

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 an Order made under s. 90 RHA S.O. 2010.

Inspection Finding

Inspection revealed the Licensee is in contravention with Compliance Order No. 2019-S0360-90-01-C dated April 24, 2020 related to Medication Administration/Medication Records and Compliance Order No. 2020-S0360-90-02 dated May 22, 2020 related to Infection Prevention and Control.

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; Assessment of resident.

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.

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

62. (6) The licensee shall ensure that the plan of care is based on an assessment of the resident and the needs and preferences of 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.

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;

Inspection Finding

The Licensee was unable to provide evidence that the plans of care that were reviewed at the inspection were all approved and that the resident and/or the residents substitute decision maker were provided with a copy. Further, the plan of care for one resident was not based on the assessment of the residents needs and preferences.

Outcome

The Licensee submitted a plan to achieve compliance by April 8, 2021. RHRA to confirm compliance by inspection.

5. The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.

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

55. (2) The record for each resident shall include,
(d) a copy of the resident's most recent plan of care;

55. (3) In addition to subsection (2), for each resident of a retirement home to which the licensee of the home provides at least one care service, the record shall include,

(a) the following documents or information to the extent that they are reasonably available to the licensee:

- (i) the name and contact information of the resident's known substitute decision-makers, if any,
- (ii) the name and contact information of the resident's next of kin,
- (iii) the name of the resident's primary health care provider;

Inspection Finding

Evidence shows that not all residents files contain a copy of the resident's most recent plan of care. Documentation is unclear as to which physician is currently assigned to each resident. Further, some

resident's files are missing information related to next of kin/substitute decision-maker.

Outcome

The Licensee submitted a plan to achieve compliance by April 8, 2021. 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 March 10, 2021
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