

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

Inspection Information	
<b>Date of Inspection:</b> June 3, 2021	<b>Name of Inspector:</b> Lori Dupere
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Alexis Lodge Social Services Inc / 707 Ellesmere Road, Scarborough, ON M1P 2W1 (the "Licensee")	
<b>Retirement Home:</b> Alexis Lodge Retirement Residence / 705 - 707 Ellesmere Road, Scarborough, ON M1P 2W1 (the "home")	
<b>Licence Number:</b> T0193	

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 the RHA, S.O. 2010, c. 11, s. 74; Licensee's duty to respond to incidents of wrongdoing.</b></p> <p><b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 75; Reporting certain matters to Registrar.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>74.</b> Every licensee of a retirement home shall ensure that,</p> <p>(a) every alleged, suspected or witnessed incident of the following of which the licensee knows or that is reported to the licensee is immediately investigated:</p> <p>(i) abuse of a resident of the home by anyone,</p> <p><b>75. (1)</b> A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Registrar:</p> <p>2. Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or a risk of harm to the resident.</p>
<p><b>Inspection Finding</b></p> <p>The Licensee failed to report two separate incidents of resident-to-resident physical abuse to the RHRA. In addition, there was insufficient evidence the home investigated one of those incidents of resident-to-resident physical abuse as required.</p>
<p><b>Outcome</b></p>

The Licensee must take corrective action to achieve compliance.

**2. 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 was unable to demonstrate the home followed their zero tolerance of abuse and neglect policy in relation to two separate incidents of resident-to-resident physical abuse. Specifically, there was insufficient evidence that the resident’s substitute decision-makers were immediately notified of the incidents, that the police were contacted, and that the home fully investigated the incidents.

**Outcome**

The Licensee submitted a plan to achieve compliance by July 31, 2021. 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;

**Inspection Finding**

The Licensee failed to demonstrate the home’s behaviour management strategies were implemented for those residents whose behaviours pose a risk of harm to others. Specifically, there was insufficient evidence of strategies, techniques and interventions to address and prevent the behaviours as well as strategies for monitoring the residents.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.**

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

**22. (1)** Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.

**Inspection Finding**

The Licensee failed to fully implement their falls prevention policy for those residents reviewed who are at risk of falls. As per the home’s policy, the resident’s plans of care lacked documented strategies and interventions to mitigate falls.

**Outcome**

The Licensee submitted a plan to achieve compliance by July 31, 2021. RHRA to confirm compliance by inspection.

- 5. 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 the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.  
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):

**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. (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.

**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;

**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;
- (b) monitoring the resident for safety and wellbeing;
- (c) therapies, techniques and activities to promote quality of life and wellbeing for the resident;

**Inspection Finding**

The Licensee failed to ensure the reviewed resident's plans of care met the legislative requirements in the noted areas. In addition, the home's Dementia Care Program had not been fully developed specific for the reviewed residents in the noted areas.

**Outcome**

The Licensee submitted a plan to achieve compliance by July 31, 2021. RHRA to confirm compliance by inspection.

- 6. 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 the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.**  
**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.**

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,

- (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;

**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.

**65. (5)** The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

- 3. Behaviour management.

**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.

**14. (2)** For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

**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,

(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 unable to demonstrate that all new staff reviewed completed training prior to commencing work in the home or that all existing staff reviewed completed training on an annual basis as required.

**Outcome**

At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.

**7. 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**

The Licensee was unable to demonstrate there were current arrangements made with community partners involved in responding to an emergency at the home.

**Outcome**

At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.

**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	<i>Lori Dupere</i>	Date	July 8, 2021
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