

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

Inspection Information	
Date of Inspection: April 28, 2021	Name of Inspector: Shara Bundy
Inspection Type: Complaint Inspection	
Licensee: Greenwood Retirement Communities Incorporated / 700 Lawrence Ave W., Toronto, ON M6A 3B4 (the "Licensee")	
Retirement Home: Bramalea Retirement Residence / 30 Peel Centre Drive, Brampton, ON L6T 4G8 (the "home")	
Licence Number: T0396	

Purpose of Inspection
The RHRA received a complaint under section 83(1) of the Retirement Homes Act, 2010 (the "RHA").

NON-COMPLIANCE
<p>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Same, neglect.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>67. (2) Every licensee of a retirement home shall ensure that the licensee and the staff of the home do not neglect the residents.</p>
<p>Inspection Finding</p> <p>The Licensee failed to protect a resident from neglect. Specifically, the pattern of inaction related to the home's failure to follow their Falls Prevention Policy, failing to respond appropriately and in a timely manner to a resident who had fallen, as well as the Home's lack of oversight of the resident's care resulted in harm to a resident.</p>
<p>Outcome</p> <p>The Licensee has demonstrated 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; Compliance with plan.</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,

(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. (10) The licensee shall ensure that the care services that the licensee provides to the resident are set out in the plan of care and are provided to the resident in accordance with the plan and the prescribed requirements, if any.

Inspection Finding

The Licensee failed to provide the assistance and services as set out in the plan of care for a resident who required assistance with meals. The Licensee failed to collaborate between the staff and external care providers in the development and implementation of the plan of care so that the different aspects of care are consistent, the required care is provided, and the resident’s needs are met. Additionally, the Licensee failed to have the resident's substitute decision maker approve the plan of care.

Outcome

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

3. 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):

47. (1) Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident’s immediate care needs conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident’s immediate care needs.

Inspection Finding

The Licensee failed to ensure that the initial plan of care was completed within 48 hours after a resident commenced residency.

Outcome

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

4. The Licensee failed to comply with O. Reg. 166/11, s. 40; Provision of a meal.

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

- 40.** 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 provision of a meal, the licensee shall ensure that,
- (i) food service workers and staff assisting the resident are aware of the resident’s diet, special needs and preferences;

Inspection Finding

The Licensee failed to ensure that the staff assisting the resident with a meal were aware of a resident’s diet, special needs, and preferences.

Outcome

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

5. 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. (3)** If a resident of a retirement home falls in the home in circumstances other than those described in subsection (2) and the licensee or a staff member becomes aware of the fall, the licensee shall ensure that the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.

Inspection Finding

The Licensee failed to ensure that staff documented a resident's fall, the response to the fall and any corrective actions taken.

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 Retirement Home Database, available online at <http://www.rhra.ca/en/retirement-home-database>.

Signature of Inspector <i>Shara Bundy</i>	Date July 15, 2021
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