

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

Inspection Information	
<b>Date of Inspection:</b> June 24, 2021	<b>Name of Inspector:</b> Tania Buko
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 2210221 Ontario Corporation / 6124 Ana Street, Brunner, ON N0K 1C0 (the "Licensee")	
<b>Retirement Home:</b> Country Meadows Retirement Residence / 6124 Ana Street, Brunner, ON N0K 1C0 (the "home")	
<b>Licence Number:</b> T0113	

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 O. Reg. 166/11, s. 59; Procedure for complaints to licensee.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>59. (2)</b> The licensee shall ensure that a written record is kept in the retirement home that includes,</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(d) the final resolution, if any, of the complaint;</li> <li>(e) every date on which any response was provided to the complainant and a description of the response;</li> <li>(f) any response made in turn by the complainant.</li> </ul>
<p><b>Inspection Finding</b></p> <p>The Licensee was unable to demonstrate all documented complaints reviewed on the day of inspection were addressed in the noted areas.</p>
<p><b>Outcome</b></p> <p>The Licensee submitted a plan to achieve compliance by August 13, 2021. RHRA to confirm compliance by inspection.</p>
<p><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Involvement of resident, etc..</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of</b></p>

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. (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,
  - (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.

### **Inspection Finding**

The Licensee was unable to demonstrate that all reviewed resident plans of care were reviewed and revised within the required time frame. There was no evidence to support residents or their substitute decision-makers participated in the review and development of their plans of care, approved them and were provided with copies of their respective plans of care. In addition, not all of the reviewed plans of care had documented clear directions to staff in relation to assistance with bathing.

### **Outcome**

The Licensee submitted a plan to achieve compliance by August 31, 2021. 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 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 completed their required training prior to commencing work in the home and that all existing staff completed annual training in the required areas.

**Outcome**

The Licensee submitted a plan to achieve compliance by September 3, 2021. RHRA to confirm compliance by inspection.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.**

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

**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,

- (e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,
  - (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,
  - (ii) the safe disposal of syringes and other sharps,
  - (iii) recognizing an adverse drug reaction and taking appropriate action;
- (c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug;

**Inspection Finding**

The Licensee failed to ensure that a staff member administering medications to residents in the home has completed the required annual training relating to the administration of a drug.

**Outcome**

The Licensee submitted a plan to achieve compliance by September 3, 2021. RHRA to confirm compliance by inspection.

**5. 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.

**24. (5)** The licensee shall,

- (a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,
  - (i) the loss of essential services,
  - (iii) medical emergencies,
  - (iv) violent outbursts;
- (b) at least once every two years, conduct a planned evacuation of the retirement home;

**Inspection Finding**

The Licensee was unable to demonstrate there were current arrangements with all community partners involved in responding to emergencies at the home. In addition, the home was unable to demonstrate a full evacuation of the home was completed and annual testing of the emergency plan in the noted required areas.

**Outcome**

The Licensee submitted a plan to achieve compliance by September 3, 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  <i>Tania Buko</i>	Date  August 6, 2021
---	----------------------------