

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

Inspection Information	
<b>Date of Inspection:</b> September 1, 2021	<b>Name of Inspector:</b> Mark Dennis
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Oxford SC Walford Sudbury LP / 19 Lesmills Rd, Toronto, ON M3B 2T3 (the "Licensee")	
<b>Retirement Home:</b> The Walford Sudbury / 99 Walford Road, Sudbury, ON P3E 6K3 (the "home")	
<b>Licence Number:</b> N0498	

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. 73; Procedure for complaints to licensee.</b></p> <p><b>The Licensee failed to comply with O. Reg. 166/11, s. 52; Personal assistance services devices.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>73. (1)</b> Every licensee of a retirement home shall ensure that there is a written procedure for a person to complain to the licensee about the operation of the home and for the way in which the licensee is required to deal with complaints.</p> <p><b>52. (2)</b> Every licensee of a retirement home shall ensure that a personal assistance services device used under section 69 of the Act is,</p> <ul style="list-style-type: none"> <li>(a) well maintained;</li> <li>(b) applied by staff of the home in accordance with the manufacturer's instructions, if any;</li> <li>(c) used in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;</li> <li>(d) not altered except for routine adjustments in accordance with the manufacturer's instructions, if any;</li> <li>(e) removed as soon as it is no longer required to assist a resident with a routine activity of living, unless the resident requests that it be retained;</li> </ul>
<p><b>Inspection Finding</b></p> <p>During the inspection the Licensee failed to produce the Complaint procedure and written record of complaints as prescribed.</p>

**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 the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.**

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

**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**

During the inspection, the Licensee was unable to show that at least 3 residents had current plans of care.

**Outcome**

The Licensee submitted a plan to achieve compliance by October 01, 2021. RHRA to confirm compliance by inspection.

**3. 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**

During the inspection, the Licensee was unable to show that staff administering medications have received the prescribed training.

**Outcome**

The Licensee submitted a plan to achieve compliance by October 01, 2021. RHRA to confirm compliance by inspection.

- 4. 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.**  
**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):

**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.

**55. (5)** A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,  
(c) the skills, qualifications and training of the staff who work in the home;

**Inspection Finding**

During the inspection, the Licensee failed to produce any staff training records.

**Outcome**

The Licensee advised 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. 27; Infection prevention and control program.**

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

**27. (2)** The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.

**27. (3)** The licensee shall keep a written record of the consultation required under subsection (2) that shall include a record of when the consultation took place, what was discussed and any recommendations that the local medical officer of health or designate made.

**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,

**Inspection Finding**

During the inspection, the Licensee failed to produce evidence of annual consultation with the local medical officer of health or designate. Further, the RHRA was not screened upon arrival at the home as per the Chief Medical Officer of Health Directive #3 in response to COVID-19.

**Outcome**

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

**6. 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.**

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,
- (ii) situations involving a missing resident,
- (iii) medical emergencies,
- (iv) violent outbursts;

(b) at least once every two years, conduct a planned evacuation of the retirement home;

**25. (3)** The licensee shall ensure that the emergency plan provides for the following:

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

**Inspection Finding**

During the inspection, the Licensee failed to produce the emergency plan or evidence of annual testing of the emergency plan as prescribed. Further, there was no evidence provided demonstrating regular testing of resources set aside for an emergency.

**Outcome**


The Licensee advised 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 	Date September 22, 2021
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