

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

Inspection Information	
<b>Date of Inspection:</b> September 29, 2021	<b>Name of Inspector:</b> Julie Hebert
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 2604395 Ontario Inc. / 7139 Appletree Lane, Mississauga, ON L5W 1W5 (the "Licensee")	
<b>Retirement Home:</b> Hudson Manor / 36 Lawson Street, Tilbury, ON NOP 2L0 (the "home")	
<b>Licence Number:</b> S0445	

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. 56; Format and retention of records.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>56. (3)</b> The licensee shall ensure that each of the records is kept in a readable and useable format that allows a complete copy of the record to be readily produced.</p>
<p><b>Inspection Finding</b></p> <p>The home was not able to demonstrate that they were keeping all required records for any complaints received.</p>
<p><b>Outcome</b></p> <p>The Licensee submitted a plan to achieve compliance by October 20, 2021. RHRA to confirm compliance by inspection.</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>23. (1)</b> Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> <li>(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;</li> <li>(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;</li> </ul>

<p>(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;</p>
<p><b>Inspection Finding</b></p> <p>Inspection revealed residents with responsive behaviours. The home was not able to demonstrate that they had implemented strategies and techniques to prevent and address these behaviours, nor were the completing heightened monitoring following these incidents.</p>
<p><b>Outcome</b></p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p><b>3. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>22. (4)</b> Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.</p>
<p><b>Inspection Finding</b></p> <p>The home was not able to demonstrate that they were completing an evaluation of the risk of resident falls in the home.</p>
<p><b>Outcome</b></p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p><b>4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Plan of care.</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</b>  <b>The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.</b>  <b>The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>62. (1)</b> When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.</p> <p><b>62. (12)</b> The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months.</p> <p><b>44. (1)</b> Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident’s care needs and preferences is conducted.</p>

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

**Inspection Finding**

On the date of the inspection, resident plans of care that had been completed were not available for review. Not all residents had a completed plan of care and those that were completed were not updated as care needs changed or within the required time frames.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**5. 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. 29; Administration of drugs or other substances.**

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

**14. (5)** The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

**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 home was not able to demonstrate that they had completed medication administration training either annually or at orientation with all required staff.

**Outcome**

The Licensee submitted a plan to achieve compliance by October 15, 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; 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. (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. (5)** The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

**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**

The home was not able to demonstrate that they completed training at orientation and annually with all staff in all required areas.

<p><b>Outcome</b> The Licensee must take corrective action to achieve compliance.</p>
<p><b>7. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>27. (5)</b> The licensee of a retirement home shall ensure that,</p> <p>(0.b) all reasonable steps are taken in the retirement home to follow,</p> <p>(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,</p> <p>(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);</p> <p>(0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home;</p>
<p><b>Inspection Finding</b></p> <p>The home was not able to demonstrate they were following all guidance, advice and directives respecting COVID-19 issued by the Chief Medical Office of health within the retirement homes in the following areas: 1. The home was not completing active screening on all staff, visitors and essential visitors 2. Not all staff were wearing medical masks 3. They were not completing symptom checks on residents daily 4. Staff were not completing hand hygiene during their medication pass 5. The home has not implemented a COVID-19 policy regarding vaccination of staff</p>
<p><b>Outcome</b> The Licensee must take corrective action to achieve compliance.</p>
<p><b>8. 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.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>24. (5)</b> The licensee shall,</p> <p>(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,</p> <p>(i) the loss of essential services,</p> <p>(ii) situations involving a missing resident,</p> <p>(iii) medical emergencies,</p> <p>(iv) violent outbursts;</p>

(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**

The home was not able to demonstrate that they were completing all required testing of the emergency plan.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**9. 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,

(c) the menu is varied and changes daily;

(g) the resident is informed of his or her daily and weekly menu options;

**Inspection Finding**

The home was not able to demonstrate that they were offering residents a varied meal selection, nor were residents informed of their daily and weekly meal choices.

**Outcome**

The Licensee submitted a plan to achieve compliance by October 12, 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  	Date October 7, 2021
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