

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

Inspection Information	
<b>Date of Inspection:</b> October 13, 2021	<b>Name of Inspector:</b> Douglas Crust
<b>Inspection Type:</b> Mandatory Reporting Inspection	
<b>Licensee:</b> Evergreen Mississauga G.P. Inc. / 5290 Yonge Street, North York, ON M2N 5P9 (the "Licensee")	
<b>Retirement Home:</b> Evergreen Retirement Residence / 820 Scollard Court, Mississauga, ON L5V 0A1 (the "home")	
<b>Licence Number:</b> T0165	

Purpose of Inspection
The RHRA received a report under section 75(1) 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. 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> <li>(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;</li> </ul>
<p><b>Inspection Finding</b></p> <p>The Licensee failed to implement their behaviour management strategy for a resident who was exit-seeking and who demonstrated responsive behaviours towards residents and staff. Specifically, the Licensee failed to develop, document and implement specific interventions and strategies to prevent and manage the behaviours as described in their behaviour management strategy.</p>
<p><b>Outcome</b></p> <p>The Licensee submitted a plan to achieve compliance by November 29, 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; Reassessment and revision.</b> <b>The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.</b></p>

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 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;

**47. (5)** If an assessment of a resident indicates that the resident’s care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident’s plan of care and that the resident’s plan of care takes into account the results of the care conference.

**Inspection Finding**

The plan of care for a resident was not updated although there was evidence that the resident’s care needs had changed. There was no evidence of an interdisciplinary care conference as part of the development of a plan of care for a resident with needs related to dementia, as prescribed.

**Outcome**

The Licensee submitted a plan to achieve compliance by November 4, 2021. RHRA to confirm compliance by inspection.

**3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going training.**

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

**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.

**Inspection Finding**

The training records for five staff were inspected. Of these, there was no evidence to confirm that one staff member had received annual training in 2020 in the complaint procedure of the Licensee.

**Outcome**

The Licensee submitted a plan to achieve compliance by November 26, 2021. RHRA to confirm compliance by inspection.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.**

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

**59. (1)** Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.
3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.
4. A response shall be made to the person who made the complaint, indicating,

**59. (2)** The licensee shall ensure that a written record is kept in the retirement home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date that the complaint was received;
- (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;
- (d) the final resolution, if any, of the complaint;
- (e) every date on which any response was provided to the complainant and a description of the response;
- (f) any response made in turn by the complainant.

**Inspection Finding**

At the time of inspection there was no evidence that a complaint received from a resident was responded to or documented, as prescribed.

**Outcome**

The Licensee submitted a plan to achieve compliance by November 26, 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 November 29, 2021
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