
MANAGEMENT ORDER TO BE MADE AVAILABLE IN HOME

Pursuant to the *Retirement Homes Act, 2010* S.O. 2010, Chapter 11, section 91.

2210221 Ontario Corporation
o/a Country Meadows Retirement Residence
6124 Ana Street
Brunner, ON N0K 1C0

MANAGEMENT ORDER NO.: 2022-T0113-91-02

Under section 91 of the *Retirement Homes Act, 2010* (the "Act"), the Deputy Registrar of the Retirement Homes Regulatory Authority ("Deputy Registrar" and the "RHRA", respectively) may serve an order on a licensee ordering it to employ or retain one or more persons acceptable to the RHRA to manage or assist in managing all or some of the operations of the home ("Management Order") where the Deputy Registrar believes on reasonable grounds that:

1. The licensee has contravened a requirement under the Act; and,
2. The licensee cannot or will not properly manage the operations of the home or cannot do so without assistance.

This Order requires 2210221 Ontario Corporation (the "Licensee") to, employ or retain a Manager (the "Manager"), acceptable to the RHRA and at the Licensee's expense, with the knowledge, skills and judgment necessary to manage all of the operations at Country Meadows Retirement Residence (the "Home").

This Order shall remain in place until the Licence terminates or until such time as the Deputy Registrar deems the Order no longer necessary.

CONTRAVENTIONS

The Deputy Registrar has reasonable grounds to believe that the Licensee has contravened the following sections of the Act and Ontario Regulation 166/11 under the Act (the "Regulation"):

- a. s. 62(4, 9 and 12), and (8)(b) of the Act and s. 48(1) and (2) of the Regulation for failing to ensure that assessments and plans of care for each resident with dementia were completed by regulated health professionals, that plans of care provided clear directions to staff providing care, that resident plans of care identified the resident's substitute decision-maker, if applicable, that plans of care indicate that residents or SDMs as applicable were provided with the opportunity to participate in the development of the plan of care, that plans of care were

- approved by the residents or their SDMs or that they were approved by a regulated health professional or a person being supervised by a regulated health professional;
- b. s. 65(1)(a)(b) and (2) of the Act and s. 14(1) and (2) of the Regulation; for failing to ensure that new staff were receiving training and that training was received annually. The inspector found that for a number of staff working in the Home there were no records of staff training on the Home's policies and procedures;
 - c. s. 67(2) of the Act; for failing to ensure that staff of the Home do not neglect a resident as on three occasions residents were not attended to appropriately which jeopardized the health and safety of these residents.
 - d. s. 75(1) of the Act; for failing to immediately notify the Registrar of suspected neglect of a resident by staff;
 - e. s. 13(1)(a)(2) of the Regulation; for failing to ensure that all staff working in the Home had the appropriate prescribed police and vulnerable sector searches. The Licensee had a number of staff working in the Home that did not have such checks;
 - f. s. 19(1) of the Regulation; for failing to ensure that all interior areas of the Home were maintained in good repair. Specifically, temporary lighting was duct-taped to the ceiling of the kitchen; and,
 - g. s. 29(b) and 32(a) of the Regulation; for failing to ensure that staff administered medications to a resident as ordered by a physician and failing to ensure that written records were adequately prepared for each medication administered or ordered for the residents.

REQUIRED ACTION

1. The Licensee shall immediately employ or retain a Manager acceptable to the RHRA, with the knowledge, skills and judgment necessary to manage all of the operations of the home including, but not limited to:
 - a. The creation, implementation, and oversight of all policies, precautions, and procedures to protect residents from exposure to coronavirus ("COVID-19") and to prevent the spread of COVID-19 in the Home as directed by the Chief Medical Officer of Health (the "CMOH") of Ontario and/or as provided by way of guidance, advice, or recommendations respecting COVID-19 that are given to long-term care homes by the CMOH, the RHRA, the Ministry for Senior Affairs and Accessibility, and the local Public Health Unit;
 - b. The creation, implementation, and oversight of policies and procedures relating to the provision of all care services to residents, including requirements relating to medication administration and resident Plans of Care;

- c. The implementation of all regulatory requirements regarding vulnerable sector screening (“VS checks”) and other required police screening of staff and volunteers;
 - d. The creation, implementation, and oversight of policies and procedures relating to the environmental condition of the Home, including documenting cleaning procedures and methods;
 - e. The creation, implementation, and oversight of behaviour management strategies and techniques applicable to the Home;
 - f. The creation, implementation, and oversight of policies and procedures relating to staff training and qualifications, emergency planning, and complaints procedures;
 - g. Ensuring that staff of the Home administer medication and other substances in a manner that is fully compliant with the Act and Regulation;
 - h. Ensuring compliance with all other requirements under the Act and Regulation; and,
 - i. Reporting to the RHRA on the progress of the requirements above as requested by the RHRA.
2. The Licensee shall facilitate and assist the Manager in managing these aspects of the Home and shall not interfere with the Manager’s ability to do so in any way.
 3. The Licensee shall defer to the Manager on matters relating to the operation of the Home and shall execute the directions issued to it by the Manager.
 4. The persons with controlling interest of the Licensee, or their delegate, shall make themselves available to the Manager as reasonably required to ensure that the Home is being operated according to the Act and Regulation and to implement this Order.
 5. The Licensee shall immediately and for the duration of this Order:
 - a. Provide and/or permit access to all documents and/or things deemed relevant by the Manager, including, but not limited to, plans of care, policies and procedures, training manuals, and budgetary documents;
 - b. Implement all directions in accordance with timelines provided by the Manager;
 - c. Instruct staff to cooperate with the Manager and to follow all directions provided by the Manager; and,

- d. Provide all communications issued to it by the RHRA directly to the Manager, residents, staff, and volunteers of the Home as directed by the RHRA.

REASONS FOR THE ORDER

The Licensee has been non-compliant in a number of ways as set out above. There are in particular recurring themes of failures to ensure that staff are adequately trained to perform their functions, and failing to update plans of care for residents. The recurring failures to ensure that staff are adequately trained and possess adequate skills to perform their functions have led to three findings of failing to prevent neglect of residents.

The scope of recurring non-compliance, combined with the fact that the Licensee has made representations many times that issues will be corrected and then failed to do so over the long-term provides reasonable grounds to believe that the Licensee cannot or will not properly manage the operations of the home or cannot do so without assistance.

There are reasonable grounds to believe that the Licensee cannot or will not properly manage the operations of the Home or cannot do so without assistance because the Home has a significant leadership void. The lines of authority and responsibility in the Home are not clear, providing reasonable grounds to believe that the Licensee cannot or will not make the required changes to the operations of the Home without this Order in place.

Issued on May 24, 2022.