
COMPLIANCE ORDER TO BE MADE AVAILABLE IN HOME

Pursuant to the *Retirement Homes Act, 2010* S.O. 2010, Chapter 11, section 90.

Armisaelcare Limited
o/a Christie Oaks Care Home
128 Cobble Hill Road
Halton Hills ON L7J 2N6

COMPLIANCE ORDER NO. 2022-T0507-90-01 – Christie Oaks Care Home

Under section 90 of the *Retirement Homes Act, 2010* (the “Act”), the Deputy Registrar of the Retirement Homes Regulatory Authority (the “Deputy Registrar” and the “RHRA”, respectively) may serve an order on a licensee ordering it to refrain from doing something, or to do something, for the purpose of ending the contravention and achieving compliance, ensuring that the contravention is not repeated, and that compliance is maintained. The Deputy Registrar issues this Compliance Order (the “Order”) to ensure Armisaelcare Limited (the “Licensee”) operating as Christie Oaks Care Home (the “Home”) comes into compliance with the Act and Ontario Regulation 166/11 under the Act (the “Regulation”).

CONTRAVENTION

The Deputy Registrar has reasonable grounds to believe that the Licensee contravened the following sections of the Act and Regulation:

- S. 62(9) para. 1 of the Act and 47(4)(b) of the Regulation
- S. 62(4)(b)(ii) of the Act
- S. 62(4)(b)(iii) of the Act, 44(1) of the Regulation
- S. 30(a) of the Regulation
- S. 32(b) of the Regulation
- S. 27(5)(0.b)(i) of the Regulation
- S. 24(4) of the Regulation
- S. 24(5)(a)(iii) of the Regulation
- S. 24(5)(b) of the Regulation
- S. 53(1) of the Act
- S. 54(1)(a), and (2)(a),(b),(e),(m),(n),(q) and (r) of the Act
- S. 40(e) of the Regulation
- S. 14(1) of the Regulation
- S. 27(9)(a) of the Regulation

BRIEF SUMMARY OF FACTS AND REASONS

In two separate inspections, the Licensee was found to be non-compliant with a number of sections of the Act and Regulation.

- 1) The findings of non-compliance were observed at RHRA inspections carried out on September 20, 2021 (“September 2021 inspection”) and June 27, 2022 (“June 2022 inspection”).
- 2) The inspector found that the Licensee was non-compliant with the following provisions at the inspections as identified below and for the reasons set out below:
 - a) Plan of Care and Assessment Issues:
 - i) 62(9) para. 1 of the Act and 47(4)(b) of the Regulation. The Act and Regulation require that the licensee ensure that the resident or resident’s substitute decision maker approves the resident’s plan of care and any revisions to it. There were no names or signatures on the plans of care for two residents to indicate who had participated in the development of their plans of care. At the June 2022 inspection there was also no indication that any of the plans of care had been approved by the resident or the resident’s substitute decision maker.
 - ii) 62(4)(b)(ii) of the Act – At the September 2021 inspection the goals of care plans were not clear, as the goals on all care plans were only stated as Medication, ADL, Meal, etc., which are not “goals”. These “goals” were marked as having been “met” despite not actually being goals. At the June 2022 inspection, the plans of care also did not have clear goals set out for residents.
 - iii) 62(4)(b)(iii) of the Act, 44(1) of the Regulation – These sections require a written plan of care that sets out the planned care services for the resident that the licensee will provide and clear direction to staff who provide care – There were not clear directions to staff as to how care should be provided in the care plans reviewed at the September 2021 inspection. Directions were vague and did not provide specifics to staff. This was also the case at the June 2022 inspection.
 - b) Medication administration Issues
 - i) S. 30(a) of the Regulation – The Regulation requires that if drugs or other substances are stored in the Home on behalf of a resident the licensee of the home shall ensure that (a) the drugs or other substances are stored in an area or a medication cart that, is locked and secure, and protects the drugs or other substances from heat, light, humidity or other environmental conditions that may affect their efficacy – At the June 2022 inspection resident medication at the Home

was stored in a small plastic basket on the top of the fridge in the kitchen which was accessible to anyone.

- ii) S. 32(a) of the Regulation – The Regulation requires that a person who administers a drug or other substance in a retirement home prepares a written record pursuant to the Regulation – the medication administration records (MARs) are not signed off consistently. The person administering the medication at the time of the inspection on September 2021 as witnessed by the inspector did not sign off on any medication after administering. Instead, the person indicated that she would do so at the end of the day, which is not appropriate. The inspector also noted that the strength of one resident’s medication was not listed on the MAR; The directions for medication administration on one resident’s MAR were inconsistent with what is documented as being administered. For example, the August MAR says that one resident will receive medication on a particular day, but the resident’s MAR is signed off on for most days of the week. The September MAR indicates that one drug was to be administered twice daily to this resident but there is only one timeslot signed off on the MAR each day. At the June 2022 inspection, one resident’s medication was directed in the MAR to be given each night but was only marked off for two days of the month (inspection was on the 27th).
 - iii) S. 32(b) of the Regulation. – The Regulation requires that the Licensee maintain written evidence that any drugs administered were prescribed by a person who is authorized to prescribe a drug. It was observed at both inspections that most of the residents who receive medications at the Home do not have formal orders in their charts. One resident who was admitted to the Home from hospital has prescriptions from the hospital discharge, but two medications prescribed on the hospital discharge are not found on the MAR and one was not administered on the day of inspection. At the June 2022 inspection there were still no physician’s orders for medications on file in the Home.
- c) Failure to take all reasonable steps to follow the guidance, advice, and recommendations of the Chief Medical Officer of Health
- i) S. 27(5)(0.b)(i) of the Regulation requires that licensees take all reasonable steps to follow any guidance, advice, or recommendations issued by the Chief Medical Officer of Health (CMOH) respecting COVID-19 that are given to long-term care homes. Contrary to the CMOH’s recommendations and guidance, at the June 2022 inspection staff at the Home only had access to medical masks and gloves. They did not have access to eye protection, face shields, or gowns in case of confirmed or suspected cases of COVID-19. The inspector also had to ask to be screened as the screener only took the inspector’s temperature rather than asking active screening questions. The inspector also witnessed a resident return to the Home from an outing but the resident was not screened. There was also no visitor log contrary to part 3.5.1 of the MSAA guideline for retirement homes.

d) Emergency Plan Issues

- i) S. 24(4) of the Regulation. The Regulation requires that licensees keep current all arrangements with community partners who will be involved in responding to an emergency. At the June 2022 inspection, arrangements had last been reviewed in January 2020.
- ii) S. 24(5)(a)(iii) of the Regulation. The Regulation requires licensees to complete an annual test of the emergency plan for medical emergencies in the home. At the June 2022 inspection there was no evidence of annual testing.
- iii) S. 24(5)(b) of the Regulation. The Regulation requires licensees to complete an evacuation of the facility at least once every two years. There was no evidence of an evacuation at the June 2022 inspection.

e) Lease Agreement and Resident Information Package Issues

- i) S. 53(1) of the Act. The Act requires licensees to ensure that every resident enters into a written agreement with the licensee prior to the resident commencing tenancy. At the inspection of June 2022, the Licensee did not have copies of signed tenancy agreements with at least two residents.
- ii) S. 54(1)(a), and (2)(a),(b),(e),(m),(n),(q) and (r) of the Act. The Act requires licensees to ensure that Information Packages for residents included the appropriate information, as information packages did not include items such as: contact information for the RHRA; the requirement to report abuse and neglect to the RHRA; full list of resident rights; required information regarding the Residential Tenancies Act; the right to receive care from an external care provider; the Licensee's process of assisting with transfers to Long-Term Care. At the June 2022 inspection, the information packages provided to residents were missing these elements.

f) Provision of Meals Issues

- i) S. 40(e) of the Regulation requires that licensees ensure that residents are given alternative entrée choices at each meal. The RHRA inspector observed a meal being provided at the June 2022 inspection, but the Licensee did not provide an alternative entrée at the meal.

g) Staff Training Issues

- i) S. 14(1) of Regulation. The Regulation requires the licensee to ensure that staff are trained in the policy for complaints to the Home. At the June 2022 inspection there were no records of any training on the Complaints procedure/policy.

- ii) S. 27(9)(a) of Regulation. The Regulation requires the Licensee to ensure that staff are trained at preventing cross-contamination. At the June 2022 inspection least one staff member had not signed off on the training sheets to indicate that the staff member was trained.
- 3) The Licensee was provided with draft inspection reports after each inspection and was provided with an opportunity to respond to the inspector's findings.
 - 4) The Licensee did not provide a response to the draft inspection report from the October 2021 inspection.
 - 5) In response to the June 2022 inspection the Licensee made the following response:
 - a. With respect to concerns regarding provision of a meal, the Licensee stated that menus were now provided to all residents
 - b. Resident agreements had been amended in line with the legislative requirements
 - c. The Emergency plan had been updated and a mock evacuation was planned for September 9 and community partnerships had been renewed
 - d. All staff, visitors, and residents are screened before entering the Home and staff have gowns, masks and eye protection are all available to staff, visitors and residents at the entry to the Home
 - e. By August 1, all residents would have an updated assessment and plan of care that would be approved by residents or their powers of attorney as required
 - f. Staff were retrained on the administration of medication
 - g. A locked bin is being used to store medication
 - h. Orders for all medication have been ordered and are being kept in medication binders
 - i. An IPAC binder is now in place with a surveillance and reporting process included
 - 6) Based on the two inspections, the Deputy Registrar has reasonable grounds to believe that the Licensee has been non-compliant with all the above provisions of the legislation.

- 7) As far as the RHRA is aware, the non-compliance found in this case has not led to any significant harm to residents, however the scope of non-compliance in various areas is notable.
- 8) The non-compliance is also repeated in many cases, having been found both in the September 2021 inspection and again in the June 2022 inspection. This indicates that the Licensee is reluctant to take the initiative to make positive changes without the imposition of an order. This conclusion is supported by the fact that the Licensee failed to respond to multiple attempts by the RHRA to contact them and offer compliance support.
- 9) The Licensee has advised that it has taken various steps to come into compliance, however the response to the Draft Inspection Report was vague and generic in that it provided very little detail about the steps the Licensee would take to come into compliance. The Licensee also failed to provide any corroborating evidence that it had come into compliance, such as pictures or copies of documents. Further, the steps that the Licensee advises it has taken fail to address a number of the identified areas of non-compliance.
- 10) Moreover, the Licensee's response lacked any insight or explanation as to why many of the areas of non-compliance identified in June 2021 had not been rectified in September 2022.
- 11) The Order aligns with the purpose of a Compliance Order, which is ending the contravention and achieving compliance and of ensuring that the contravention is not repeated, and that compliance is maintained. It is also intended to ensure that the Licensee carries out the corrective action it purports to have taken.

REQUIRED ACTION

Pursuant to section 90 of the Act, the Deputy Registrar orders the Licensee to immediately comply with the following:

- a. Ensure all residents have been assessed in compliance with the Act and Regulation and that plans of care have been created for each resident by December 20, 2022. Provide the RHRA with compliant copies of assessments and plans of care for each resident by December 20, 2022. Copies sent to the RHRA must be anonymized.
- b. Ensure that a regulated health professional is supervising the Home's medication administration program and provide the name and contact information for the regulated health professional to the RHRA by December 20, 2022.
- c. Provide photographic evidence to the RHRA by December 5, 2022, that medications stored on behalf of residents are stored in a locked container in a manner compliant with the Regulation.

- d. Until May 31, 2023, complete monthly audits of medication administration in the Home to ensure that medication administration is being completed and documented appropriately and that there are medication orders kept by the Home for any medication being administered by staff of the Home. Send the results of the monthly audit to the RHRA on the final day of each month.
- e. Ensure that all staff are trained on and are implementing the Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario. By December 20, 2022, send the RHRA a copy of training records demonstrating that staff have been trained.
- f. Immediately implement a visitor screening log and provide the RHRA with a copy of the log by December 20, 2022.
- g. By December 20, 2022, complete an audit of personal protective equipment in the Home and provide the audit results to the RHRA.
- h. By December 20, 2022, ensure that all emergency plan testing has been completed in compliance with the Act and Regulation and provide the RHRA with evidence that testing is complete.
- i. By December 20, 2022, ensure that written tenancy agreements are completed and signed off by all residents of the Home (or substitute decision makers as appropriate) and provide the RHRA with a list confirming that this has been completed.
- j. By December 20, 2022, ensure that each resident has been provided with an information package that is compliant with the Act and Regulation and send to the RHRA a copy of the package and evidence that it has been provided to each resident. The copy sent to the RHRA must have any personal information redacted.
- k. By December 20, 2022, provide the RHRA with evidence that all staff have been trained in the following:
 - i. The policy for complaints in the Home;
 - ii. Preventing the spread of disease through handwashing and preventing cross-contamination as contemplated at s. 27(9)(a) of the Regulation
- l. Ensure that at least one alternative entrée is available at every meal
- m. The Licensee must demonstrate through written reports to the RHRA that it has complied with the actions set out above. The Licensee must submit these

ongoing reports at such regularity as is determined by the RHRA Compliance Monitor. These reports must be submitted by email to enforcement@rhra.ca.

Issued on November 24, 2022.