

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

Inspection Information	
Date of Inspection: December 16, 2021	Name of Inspector: Cindy Ma
Inspection Type: Routine Inspection	
Licensee: Oxford SC Blue Mountain Stayner LP / 19 Lesmills Rd, Toronto, ON M3B 2T3 (the "Licensee")	
Retirement Home: Blue Mountain Manor / 236 Weir Street, Stayner, ON L0M 1S0 (the "home")	
Licence Number: N0494	

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>1. The Licensee failed to comply with O. Reg. 166/11, s. 56; Format and retention of records.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>56. (3) 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>Inspection Finding</p> <p>At the time of the inspection, the Licensee failed to ensure records related to complaints were retained, as prescribed.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by January 30th, 2022. RHRA to confirm compliance by inspection.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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,</p> <p>(b) the resident's care needs change or the care services set out in the plan are no longer necessary;</p>

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

- (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;
- (b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;
- (c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home.

Inspection Finding

At the time of the inspection, a review of a resident’s plan of care revealed that the Licensee did not review and revise the care plan at least every six months, as prescribed. Further, the Licensee did not update the plan of care at the time a resident’s care needs related to behaviour management and medication assistance changed.

Outcome

The Licensee submitted a plan to achieve compliance by January 30th, 2022. RHRA to confirm compliance by inspection.

3. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.

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).

Inspection Finding

At the time of the inspection, the Licensee was unable to provide current training records showing that staff administering medications received training annually on administration of drugs or other substances, as prescribed.

Outcome

The Licensee submitted a plan to achieve compliance by February 16th, 2022. RHRA to confirm compliance by inspection.

4. 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. (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.

Inspection Finding

At the time of the inspection, the Licensee was unable to provide written record of consultation with their local Public Health Unit or designate, as prescribed.

Outcome

The Licensee submitted a plan to achieve compliance by February 1st, 2022. RHRA to confirm compliance by inspection.

5. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.

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

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.

Inspection Finding

At the time of the inspection, the Licensee had not completed testing of the emergency plan, in relation to loss of essential services; violent outbursts; missing residents; and medical emergencies. Further, the Licensee has not completed a full evacuation drill as required.

Outcome


The Licensee submitted a plan to achieve compliance by February 1st, 2022. 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 January 4, 2022
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