

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

| Inspection Information | |
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| Date of Inspection: December 15, 2021 | Name of Inspector: Cindy Ma |
| Inspection Type: Mandatory Reporting Inspection | |
| Licensee: The Royale Development LP / 302 Town Centre Boulevard, Markham, ON L3R 0E8 (the "Licensee") | |
| Retirement Home: Cedarvale Lodge Retirement and Care Community / 121 Morton Avenue, Keswick, ON L4P 3T5 (the "home") | |
| Licence Number: T0286 | |

| Purpose of Inspection |
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| The RHRA received a report under section 75(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA"). |

| NON-COMPLIANCE |
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| <p>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Compliance with plan. The Licensee failed to comply with O. Reg. 166/11, s. 39; Assistance with ambulation.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>62. (10) The licensee shall ensure that the care services that the licensee provides to the resident are set out in the plan of care and are provided to the resident in accordance with the plan and the prescribed requirements, if any.</p> <p>39. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is assistance with ambulation, the licensee shall ensure that,</p> <p>(a) staff use safe transferring and positioning devices or techniques when assisting the resident.</p> |
| <p>Inspection Finding</p> <p>The Licensee failed to ensure that the care services provided to a resident was in accordance with the plan. Specifically, the staff did not use safe transferring and positioning techniques when assisting a resident.</p> |
| <p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by February 7th, 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; Contents of plan. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</p> |

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

62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

(c) if the resident has consented to the inclusion of the information in the plan of care, the planned care services for the resident that external care providers will provide with the consent of the resident, to the extent that such information is available to the licensee after the licensee has taken all reasonable steps to obtain such information from the resident and the external care provider, including,

(i) the details of the services.

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.

Inspection Finding

The Licensee did not update a resident’s plan of care as the resident’s needs relating to wound care management changed. Furthermore, the Licensee failed to ensure that the care plan included details of the wound care services provided by an external care partner.

Outcome

The Licensee submitted a plan to achieve compliance by February 7th, 2022. RHRA to confirm compliance by inspection.

3. 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):

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

At the time of the inspection, there was no evidence provided to demonstrate that staff administering medications received training on administration of drugs or other substances, and all other areas as prescribed.

Outcome

The Licensee submitted a plan to achieve compliance by January 21, 2022. RHRA to confirm compliance by inspection.

4. 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.

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

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:

5. All other prescribed matters.

14. (3) For the purposes of paragraph 5 of subsection 65 (5) of the Act, every licensee of a retirement home shall ensure that every staff member who provides a care service to a resident has received or receives training in,

(b) each care service offered in the home so that the staff member is able to understand the general nature of each of those services, the standards applicable under the Act to each of those services and the aspects of each of those services that may be relevant to the staff member’s own duties in the home.

Inspection Finding

At the time of the inspection, the Licensee’s training records showed that not all staff providing care services had been trained, in relation to ambulation, bathing, dressing, feeding, personal hygiene, and continence care.

Outcome


The Licensee submitted a plan to achieve compliance by February 17th, 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>.

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| Signature of Inspector  | Date January 14, 2022 |
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