

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

Inspection Information	
Date of Inspection: January 11, 2022	Name of Inspector: Cindy Ma
Inspection Type: Routine Inspection	
Licensee: Huronia Retirement Homes Inc. / P.O. Box 238, Waubauskene, ON L0K 2C0 (the "Licensee")	
Retirement Home: Bayview Retirement Home / 175 Walnut Street, Waubauskene, ON L0K 2C0 (the "home")	
Licence Number: N0449	

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. 40; Provision of a meal.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>40. 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 provision of a meal, the licensee shall ensure that,</p> <ul style="list-style-type: none"> (a) if the licensee is the sole provider of the resident's meals, the resident is offered at least three meals per day at reasonable and regular meal hours, a beverage between the morning and midday meals, a snack and a beverage between the midday and evening meals and a snack and a beverage after the evening meal; (b) menus provide adequate nutrients, fibre and energy for the resident, include fresh seasonal foods and are consistent with standards of good nutrition in Canada; (c) the menu is varied and changes daily; (e) the menu includes alternative entrée choices at each meal; (f) an individualized menu is developed for the resident if the resident's needs cannot be met through the home's menu cycle; (g) the resident is informed of his or her daily and weekly menu options.
<p>Inspection Finding</p> <p>The Licensee failed to ensure that the prescribed provision of a meal requirements was aligned with the regulation specifically in the listed areas above. In addition, snacks are not provided during the day, as required. Lastly, residents are not informed of their daily and weekly menu options.</p>
<p>Outcome</p>

The Licensee must take corrective action to achieve compliance.

2. The Licensee failed to comply with O. Reg. 166/11, s. 56; Format and retention of records.

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

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.

Inspection Finding

At the time of the inspection, the Licensee failed to ensure records related to complaints were retained, as prescribed.

Outcome

The Licensee must take corrective action to achieve compliance.

3. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.

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

22. (4) Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

Inspection Finding

The Licensee’s policy, Falls Prevention, January 28th, 2017, was not in compliant with the above listed regulation, in that it did not include the risk of falls evaluation in the home at least annually.

Outcome

The Licensee must take corrective action to achieve compliance.

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. (2) The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.

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.

27. (5) The licensee of a retirement home shall ensure that,

(0.b) all reasonable steps are taken in the retirement home to follow,
 (i) any directive respecting coronavirus (COVID-19) issued to long-term care homes by the Chief Medical Officer of Health under section 77.7 of the Health Protection and Promotion Act,
 (0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home;

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. Further, the Licensee failed to follow the directives respecting coronavirus (COVID-19) issued by the Chief Medical Officer of Health under section 77.7 of the Health Protection and Promotion Act., as active screening of residents for symptoms including temperature checks once daily was incomplete. Lastly, the Licensee did not have in writing the following required operational policies and procedures in accordance with Directive #3: COVID-19 vaccination policy and COVID-19 visitor policy.

Outcome

The Licensee must take corrective action to achieve compliance.

- 5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Involvement of resident, etc..**
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.

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

62. (5) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate in the development, implementation and reviews of the resident’s plan of care.

62. (9) The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:

1. The resident or the resident’s substitute decision-maker.

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

At the time of the inspection, a review of three 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 plans of care that were reviewed indicated non-compliance with the requirement to have residents or their substitute decision makers participate in the development and review of plans of care, as well as approving the plans.

Outcome

The Licensee must take corrective action to achieve compliance.

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

14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

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 produce records to show that staff were trained annually as required. Further, 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 must take corrective action to achieve compliance.

**7. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.
The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.**

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

24. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

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.

25. (3) The licensee shall ensure that the emergency plan provides for the following:

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

Inspection Finding

At the time of the inspection, the Licensee's emergency plan did not contain current arrangements with emergency partners. In addition, the Licensee was unable to provide evidence to demonstrate that they had completed testing of the emergency plan, in relation to missing residents; loss of essential services; medical emergencies and violent outbursts. Further, no evidence was provided to show that the Licensee had completed a full evacuation drill as required. Lastly, resources reasonably required to assist with an evacuation had not received testing and auditing of the supplies, as required.

Outcome

The Licensee must take corrective action to achieve compliance.

8. The Licensee failed to comply with O. Reg. 166/11, s. 17; Cleanliness.

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

17. (3) The licensee shall document the routines and methods used to comply with subsections (1) and (2).

Inspection Finding

At the time of the inspection, there was no evidence provided to demonstrate that routine cleaning methods were documented, as prescribed.

Outcome

The Licensee must take corrective action to achieve compliance.

9. The Licensee failed to comply with O. Reg. 166/11, s. 21; Hazardous substances.

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

21. (2) Every licensee of a retirement home shall ensure that all hazardous substances used by staff of the home or under their control are labelled properly and are kept inaccessible to residents at all times.

Inspection Finding

At the time of the inspection, the Licensee has not ensured that all hazardous substances used by staff of the home are kept inaccessible to residents at all times.

Outcome


The Licensee must take corrective action to achieve compliance.

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 February 2, 2022
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