

FINAL INSPECTION REPORT

Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: January 19, 2022	Name of Inspector: Jennifer Sarkis
Inspection Type: Mandatory Reporting Inspection	
Licensee: Heritage Green Retirement Home / 351 Isaac Brock Drive, Stoney Creek, ON L8J 1Y1 (the "Licensee")	
Retirement Home: Heritage Green Retirement Home / 351 Isaac Brock Drive, Stoney Creek, ON L8J 1Y1 (the "home")	
Licence Number: S0149	

Purpose of Inspection
The RHRA received a report under section 75(1) 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. 21; Hazardous substances.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p style="padding-left: 40px;">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.</p>
<p>Inspection Finding</p> <p>The Licensee failed to ensure that all hazardous substances used by the staff of the home or under their control, are kept inaccessible to residents at all times. At the time of the inspection, the door the shower and tub room was left open, with hazardous chemicals visible.</p>
<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p>2. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p style="padding-left: 40px;">30. If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,</p> <p style="padding-left: 80px;">(a) the drugs or other substances are stored in an area or a medication cart that,</p> <p style="padding-left: 120px;">(ii) is locked and secure,</p>

Inspection Finding

The Licensee failed to ensure that the drugs or other substances are stored in an area or a medication cart that is locked and secured. At the time of the inspection, a medication cart that held medications, was found to be unlocked several times during the inspection.

Outcome

The Licensee must take corrective action to achieve compliance.

3. 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. (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,

Inspection Finding

The Licensee failed to complete active COVID screening upon entry of visitors to the home. On the day of the inspection, staff did not review COVID questions and responses with the inspector, essential caregivers and families visiting. Additionally, there was no signage on the entrance to notify the public that the home was in an active outbreak.

Outcome

The Licensee must take corrective action to achieve compliance.

- 4. 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.**
- The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.**
- The Licensee failed to comply with O. Reg. 166/11, s. 48; Approval of the plan of care.**

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;

47. (4) Subject to subsections (5) and (6), a plan of care for a resident is complete if the plan,
(b) sets out,
(iii) the names of the persons who participated in the development of the plan and whether the resident and his or her substitute decision-makers, if any, participated in the development of the plan;

48. (1) For the purposes of paragraph 2 of subsection 62 (9) of the Act and subject to subsection (2), the licensee shall ensure that a resident’s plan of care is approved by,
(a) a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario;

Inspection Finding

The Licensee failed to be in compliance regarding several areas related to Plans of Care. At the time of the inspection 3 residents Plan of Care was found to be not revised within 6 months. Additionally, 2 residents Plan of Care was found to not be revised when their care needs changed. Furthermore, there was no evidence of 5 Plans of Care to be approved by the resident or substitute decision maker and a Member of the College of Nurses or Physicians and Surgeons.

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. 65; Training.
The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.
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):

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,
(a) the Residents’ Bill of Rights;
(b) the licensee’s policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;
(c) the protection afforded for whistle-blowing described in section 115;
(d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;
(f) fire prevention and safety;

14. (1) For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure that all staff who work in the home receive training in the procedure described in subsection 73 (1) of the Act for a person to complain to the licensee.

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).

27. (9) The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,

- (a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items;
- (b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

The Licensee failed to complete annual training for 2 staff regarding complaints, cross-contamination, reporting and documenting incidents, residents Bill of Rights, zero tolerance to abuse and neglect, whistleblowing protection, PASD's, fire safety, and behavior management.

Outcome

The Licensee must take corrective action to achieve compliance.

6. 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;

Inspection Finding

The Licensee failed to complete annual testing of their Emergency Plan which include loss of essential service, medical emergency, missing resident and violent persons.

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 14, 2022
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