

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

Inspection Information	
<b>Date of Inspection:</b> March 21, 2022	<b>Name of Inspector:</b> Melissa Meikle
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 2739121 Ontario Inc. / 258 Telegraphe Road, Alfred, ON K0B 1A0 (the "Licensee")	
<b>Retirement Home:</b> Auberge Plein Soleil / 258 Telegraphe Road, Alfred, ON K0B 1A0 (the "home")	
<b>Licence Number:</b> N0525	

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><b>1. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>59. (3)</b> The licensee shall ensure that,</p> <p>(a) the written record is reviewed and analyzed for trends at least quarterly;</p>
<p><b>Inspection Finding</b></p> <p>No evidence of complaints analysis.</p>
<p><b>Outcome</b></p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>23. (1)</b> Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <p>(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;</p> <p>(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;</p>

(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;

**23. (2)** The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.

**Inspection Finding**

There was no proof of developed or implemented behaviour strategies for a Resident who is identified as a risk to themselves or others. Furthermore there was a lack of evidence to demonstrate that the staff are advised of any heightened monitoring needs.

**Outcome**

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

**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 annual evaluation of the risk of falls was not found at the time of inspection.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

**4. 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. (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;

<p><b>Inspection Finding</b> One plan of care reviewed was not approved as required and two were not revised as prescribed.</p>
<p><b>Outcome</b> The Licensee submitted a plan to achieve compliance by May 1, 2022. RHRA to confirm compliance by inspection.</p>
<p><b>5. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>29.</b> 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,</p> <p style="padding-left: 40px;">(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;</p>
<p><b>Inspection Finding</b> Two staff have not completed medication administration training as required.</p>
<p><b>Outcome</b> The Licensee submitted a plan to achieve compliance by May 1, 2022. RHRA to confirm compliance by inspection.</p>
<p><b>6. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going training.</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.</b>  <b>The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.</b>  <b>The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</b>  <b>The Licensee failed to comply with O. Reg. 166/11, s. 55; Contents of records.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>65. (2)</b> Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,</p> <p style="padding-left: 40px;">(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;</p>

- (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;
- (h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);

**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.

**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:

- 3. Behaviour management.
- 1. Abuse recognition and prevention.

**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. (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).

**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.

**55. (5)** A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,

- (c) the skills, qualifications and training of the staff who work in the home;

**Inspection Finding**

The home did not provide proof of initial staff training nor annual staff training.

**Outcome**

The Licensee submitted a plan to achieve compliance by May 15, 2022. RHRA to confirm compliance by inspection.

**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,
- (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**

Annual testing of the emergency plan as not completed as prescribed, nor were the supplies vital for an emergency response readily available.

**Outcome**

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

**8. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.**

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

**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,

- (a) the drugs or other substances are stored in an area or a medication cart that,
  - (ii) is locked and secure,

**Inspection Finding**

Medications were left unattended and unsecured during the medication pass.

**Outcome**


The Licensee has advised it has taken corrective action to achieve compliance. 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 April 18, 2022
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