

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

Inspection Information	
<b>Date of Inspection:</b> February 28, 2022	<b>Name of Inspector:</b> Douglas Crust
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Bethsaida Retirement Home Ltd / 29 Riverside Drive, Orangeville, ON L9V 1A6 (the "Licensee")	
<b>Retirement Home:</b> Bethsaida Retirement Home Ltd / 3 Hillside Drive, Orangeville, ON L9W 1P5 (the "home")	
<b>Licence Number:</b> T0245	

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 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.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>62. (5)</b> 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.</p> <p><b>62. (9)</b> 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:</p> <ol style="list-style-type: none"> <li>1. The resident or the resident's substitute decision-maker.</li> <li>2. The prescribed person if there is a person prescribed for the purpose of this paragraph.</li> </ol>
<p><b>Inspection Finding</b></p> <p>The plans of care for three residents were inspected. There was no evidence of participation of the residents or their substitute decision-makers in the development of the plans, the plans were not approved as required, and there was no evidence that copies of the plans were provided to the residents or their substitute decision-makers.</p>
<p><b>Outcome</b></p> <p>The Licensee submitted a plan to achieve compliance by April 15, 2022. RHRA to confirm compliance by inspection.</p>

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

**Inspection Finding**

The training records for recently hired staff and for annual staff training in 2021 were inspected. The evidence indicated that two staff members did not complete all of their annual training, as prescribed.

**Outcome**

The Licensee submitted a plan to achieve compliance by April 22, 2022. RHRA to confirm compliance by inspection.

**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,  
 (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**

The Licensee was not using the current screening tool as required under Directive # 3 as issued by the Chief Medical Officer of Health. In addition, the Licensee's Visitor Policy had not been updated since August of 2021 and was not synchronized with the Chief Medical Officer of Health's Directive # 3 regarding the requirements for visitors. Also, signage at the entrance to the retirement home indicated that only essential visitors were permitted, contrary to the directions of the Chief Medical Officer of Health. The vaccination policy for the Licensee was not compliant on the date of the inspection but was promptly revised when an error was identified by the inspector. Finally, there was no evidence of training of staff in the donning and doffing of personal protective equipment after September 2021, contrary to Directive # 3.

**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 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**

There was no evidence of annual testing in 2021 for the listed areas. There was no record of a full evacuation of the Home conducted in either 2020 or 2021.

**Outcome**

The Licensee submitted a plan to achieve compliance by April 29, 2022. RHRA to confirm compliance by inspection.

**5. 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**

There was no evidence that "high-touch" surfaces in the Home had been cleaned in the ten days prior to the inspection date.

**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 24, 2022
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