

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

Inspection Information	
<b>Date of Inspection:</b> April 22, 2022	<b>Name of Inspector:</b> Cindy Ma
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Sts. Peter and Paul Ukrainian Community Homes / 221 Milner Avenue, Toronto, ON M1S 4P4 (the "Licensee")	
<b>Retirement Home:</b> Sts. Peter and Paul Residence / 221 Milner Avenue, Toronto, ON M1S 4P4 (the "home")	
<b>Licence Number:</b> T0164	

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..</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</b>  <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</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> </ol> <p><b>62. (12)</b> 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,</p> <ol style="list-style-type: none"> <li>(b) the resident's care needs change or the care services set out in the plan are no longer necessary.</li> </ol>
<p><b>Inspection Finding</b></p> <p>The inspector reviewed a sample of resident care files and found that 2 residents did not have their plans of care approved appropriately, as there was no evidence that the plans had been approved by the residents or their substitute decision makers. In addition, there was no evidence provided that the residents' substitute decision maker was given an opportunity to participate in the development of the plan. Lastly,</p>

the Licensee failed to ensure the residents were reassessed and the plans of care were reviewed and revised at least every six months, as prescribed. The Licensee failed to ensure the plans were in compliance with the legislation

**Outcome**

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

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

**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.

**Inspection Finding**

The inspector reviewed a sample of staff training records and found that not all staff members had been trained annually on the Licensee’s behaviour management. Further, records showed that new hired staff members did not receive training in the above listed areas before beginning to work in the Home. The Licensee failed to ensure that staff were trained as required.

**Outcome**

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

**3. 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**

At the time of the inspection, the inspector’s observations revealed that the medication cart and medications were not locked and secure. The Licensee failed to ensure that drugs or other substances that are stored on behalf of residents is being stored in a medication cart that is locked and secure, as required by the legislation.

**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. 22; Risk of falls.**

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

**22. (3)** If a resident of a retirement home falls in the home in circumstances other than those described in subsection (2) and the licensee or a staff member becomes aware of the fall, the licensee shall ensure that the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.

**Inspection Finding**

At the time of the inspection, the Licensee was unable to provide evidence to show that they had documented a resident’s recent fall, the response to the fall and the corrective actions taken, if any. The Licensee failed to ensure the fall documentation was in compliance with the legislation.

**Outcome**


The Licensee has demonstrated 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>.

<p>Signature of Inspector</p> 	<p>Date</p> <p>May 5, 2022</p>
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