

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

Inspection Information	
Date of Inspection: May 3, 2022	Name of Inspector: Julie Hebert
Inspection Type: Routine Inspection	
Licensee: 2604395 Ontario Inc. / 2420 Meadowpine Blvd, Mississauga, ON L5N 6S2 (the "Licensee")	
Retirement Home: Hudson Manor / 36 Lawson Street, Tilbury, ON NOP 2L0 (the "home")	
Licence Number: S0445	

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. 22; Risk of falls.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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.</p>
<p>Inspection Finding</p> <p>On May 3, 2022, a compliance inspection was occurred at the home to review areas of non-compliance from a routine inspection conducted March 8, 2022. The inspection revealed that the home had still not completed falls analysis as required.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by May 31, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Assessment of resident. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>62. (6) The licensee shall ensure that the plan of care is based on an assessment of the resident and the needs and preferences of the resident.</p>

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.

Inspection Finding

On May 3, 2022, a compliance inspection was occurred at the home to review areas of non-compliance from a routine inspection conducted March 8, 2022. During this inspection several plans of care were reviewed. The inspector learned that although the home had corrected the previous citation regarding all plans of care being updated within 6 months, not all the plans of care had been signed by the resident. Furthermore, one plan of care didn’t include the responsive behaviour for that resident. The homes plans of care were not all in alignment with the regulations.

Outcome

The Licensee submitted a plan to achieve compliance by May 31, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

3. 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

On May 3, 2022, a compliance inspection was occurred at the home to review areas of non-compliance from a routine inspection conducted March 8, 2022. During this inspection the training records for staff were reviewed. Although the home had corrected the areas of non-compliance surrounding medication administration training and general training at orientation, they had failed to ensure seven staff had completed annual general training. The home failed to ensure all required training was completed for all staff.

Outcome

The Licensee submitted a plan to achieve compliance by May 31, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

4. The Licensee failed to comply with O. Reg. 166/11, s. 19; Maintenance.

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

19. (1) Every licensee of a retirement home shall ensure that a maintenance program is in place to ensure that the building forming the retirement home, including both interior and exterior areas and its operational systems, are maintained in good repair.

Inspection Finding

On May 3, 2022, a compliance inspection was occurred at the home to review areas of non-compliance from a routine inspection conducted March 8, 2022. During this inspection it was learned the home had corrected the maintenance issue surrounding their call bell system however, they had not developed procedures to ensure the system continued to be kept in working condition.

Outcome

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or by inspection.

5. 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

On May 3, 2022, a compliance inspection was occurred at the home to review areas of non-compliance from a routine inspection conducted March 8, 2022. During the inspection, the inspector was able to enter the home without being actively screened for COVID-19 symptoms and observed other visitors enter the home, also without being actively screened, contrary to Directive #3 from the Chief medical officer of Health. Furthermore, the passive screening tool that was in place had not been updated since December 2021 to properly reflect the appropriate screening tool issued by the Ministry of Health.

Outcome


The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or 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 May 9, 2022
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