

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

Inspection Information	
<b>Date of Inspection:</b> May 25, 2022	<b>Name of Inspector:</b> Heather Pozzo
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Oxford SC Walford Thunder Bay LP / 5420 North Service Road, Toronto, ON L7L 6C7 (the "Licensee")	
<b>Retirement Home:</b> The Walford Thunder Bay / 20 Pine Street, Thunder Bay, ON P3A 5W4 (the "home")	
<b>Licence Number:</b> N0497	

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. 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> <ul style="list-style-type: none"> <li>(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;</li> <li>(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;</li> <li>(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;</li> </ul>
<p><b>Inspection Finding</b></p> <p>The inspector reviewed a sample of resident care files and found one resident with responsive behaviours to not have any identified behaviour management strategies in place despite requiring them in response to several documented episodes of wandering. The Licensee failed to implement their behaviour management directives for a resident that required them.</p>
<p><b>Outcome</b></p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.</b></p>

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**

The inspector reviewed a sample of falls incident forms and found several to be missing key information as per the home's falls policy such as; missing date & time, no note of follow up taken, POA not notified. The Licensee failed to implement the directives from their falls policy in response to residents who have had a fall.

**Outcome**

The Licensee must take corrective action to achieve compliance.

- 3. 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. 43; Initial assessment of care needs.**  
**The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.**  
**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. (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,

**43. (1)** Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

**44. (1)** Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident's care needs and preferences is conducted.

**47. (1)** Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident's immediate care needs

conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident’s immediate care needs.

**47. (2)** No later than 21 days after a resident commences residency in a retirement home, the licensee of the home shall develop a complete plan of care for the resident based on the full assessment of the resident’s care needs and preferences conducted under section 44 that takes into account all of the matters that must be considered in a full assessment.

**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,

- (b) a person acting under the supervision of a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.

**Inspection Finding**

The inspector reviewed a sample of resident care files and found several deficiencies; the home does not have a registered staff member to approve the assessments or plans of care and therefore no resident at this time has a compliant assessment or plan of care. Expired plans of care were identified as not being approved from either the resident and or SDM. The Licensee failed to ensure that the development of the assessment and plan of care were completed within the required time frame and approved by registered staff and the resident and or SDM.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**4. 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. 29; Administration of drugs or other substances.**

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

**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).

**29.** 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,

- (e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,
  - (i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,
  - (ii) the safe disposal of syringes and other sharps,
  - (iii) recognizing an adverse drug reaction and taking appropriate action;
- (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;

(d) a member of a College, as defined in the Regulated Health Professions Act, 1991, supervises the administration of the drug or other substance to the resident in the home;

**Inspection Finding**

The inspector requested to reviewed the training records for unregistered staff that provide medication administration. The home was unable to produce evidence that the unregistered staff received training and supervision in the practices pertaining to medication administration. The Licensee failed to ensure that all unregistered staff providing medication administration were trained and supervised as required.

**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 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.  
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.

**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 requested to review staff training records and the home was unable to produce evidence that annual updates and mandatory onboarding training for new staff members had been completed. The Licensee failed to ensure the completion of the required training for annual updates and new staff.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**6. 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**

During the inspection it was observed that the home is not performing the required active screening of visitors upon entering the home. Further, the home reports that it does not allow visitor entry without a rapid antigen test which contradicts the most recent Directive #3 which does allow for this. The Licensee has failed to comply with some of the mandated directives by the Chief Medical Officer of Health.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**7. 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. (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,
- (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**

The inspector reviewed the files pertaining to emergency planning and found that there were several deficiencies; the home does not have any of the required current arrangements with community agencies for transportation and accommodation. Further, there has been no annual testing of the home's emergency plans for loss of essential services, missing resident, medical emergencies and violent outbursts. The home has also not conducted the required planned evacuation of the building for the past 3 years. The Licensee has failed to ensure that their emergency testing plans have been reviewed and tested amongst all staff as required.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**8. 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**

The inspector reviewed the cleaning records and found several shifts in a week missing documentation for cleaning of high touch surface areas. The Licensee failed to ensure that high touch surface areas are being cleaned and documented twice in a 24 hour period.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**9. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 55; Posting information.  
The Licensee failed to comply with O. Reg. 166/11, s. 11; Posted information.**

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

**55. (2)** Every licensee of a retirement home shall ensure that the following information is posted in the home in a conspicuous and easily accessible location and in a manner that complies with the prescribed requirements, if any:

1. The Residents' Bill of Rights.

**11. (1)** For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:

4. Information about reporting to the Registrar matters relating to the care and safety of the residents of the home that is on a sign that the Registrar provides or that is in a form that the Registrar approves.
6. A copy of the most recent final inspection report prepared by an inspector under section 77 of the Act, subject to section 114 of the Act.

**Inspection Finding**

During the inspection it was observed that the required posted information was missing; report from most recent inspection, how to report to the registrar and the resident's bill of rights. The Licensee failed to ensure the posting of required information.

**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 June 20, 2022.
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