

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

Inspection Information	
Date of Inspection: May 27, 2022	Name of Inspector: Julie Hebert
Inspection Type: Mandatory Reporting Inspection	
Licensee: Soaring Eagle Retirement Living / 479 Hughes Street, Dresden, ON NOP 1M0 (the "Licensee")	
Retirement Home: Soaring Eagle Retirement Living / 479 Hughes Street, Dresden, ON NOP 1M0 (the "home")	
Licence Number: S0496	

Purpose of Inspection
The RHRA received a report under section 75(1) 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. 20; Food preparation. The Licensee failed to comply with O. Reg. 166/11, s. 40; Provision of a meal.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>20. (4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.</p> <p>40. 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 provision of a meal, the licensee shall ensure that,</p> <ul style="list-style-type: none"> (a) if the licensee is the sole provider of the resident's meals, the resident is offered at least three meals per day at reasonable and regular meal hours, a beverage between the morning and midday meals, a snack and a beverage between the midday and evening meals and a snack and a beverage after the evening meal; (e) the menu includes alternative entrée choices at each meal; (g) the resident is informed of his or her daily and weekly menu options;
<p>Inspection Finding</p> <p>The RHRA received an anonymous report regarding concerns surrounding provision of meals at the home. The inspector reviewed documentation, observed the fridges and pantries of the home, and spoke to residents. Although the inspector found the home well stocked with a variety of food, the inspection revealed some areas of non-compliance with the legislation. Firstly, the home had not been posting the weekly menu and had not always posted an accurate daily menu. Secondly, the menu did not include an alternative at each meal. Thirdly, not all staff preparing food held a current Food Handler's certificate.</p>

Lastly, the home had not been offering snacks between meals for residents. For these reasons, the home was not in full compliance with the regulations surrounding provision of a meal.

Outcome

The Licensee submitted a plan to achieve compliance by July 11, 2022. RHRA to confirm compliance by inspection.

- 2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.**

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

62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

- (b) the planned care services for the resident that the licensee will provide, including,
- (iii) clear directions to the licensee’s staff who provide direct care to the resident;

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

While at the home for the above-mentioned mandatory reporting inspection the inspector reviewed previously cited areas of non-compliance from a routine inspection had been conducted at the home on February 4, 2022. The inspector reviewed plans of care for 12 residents. Although all residents now had a plan of care which had been updated within the appropriate timelines, the updated plans were primarily located on a laptop and had not been signed by either the resident/SDM. In addition, the plans of care still did not include clear directions for staff on how to provide care services. The home was not able to demonstrate that all resident plans of care were compliant.

Outcome

The Licensee submitted a plan to achieve compliance by July 11, 2022. RHRA to confirm compliance by inspection.

- 3. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.
The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

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

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;

32. If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

- (a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered;
- (b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991;

Inspection Finding

While at the home for the above-mentioned mandatory reporting inspection the inspector reviewed previously cited areas of non-compliance from a routine inspection had been conducted at the home on February 4, 2022. The inspector reviewed the medication cart, medication administration record (MAR), as well as resident charts which revealed the home was offering the care service of medication administration to 8 residents. The home did not have physician orders for medication for one resident on file in the home. There was not a MAR for one resident and the MAR sheets for 6 residents had not been signed since May 20th. The two newest staff did not have proof of training in medication administration. The home was not in compliance with all areas of medication administration.

Outcome

The Licensee submitted a plan to achieve compliance by July 11, 2022. RHRA to confirm compliance by inspection.

**4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; 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);

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.

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

While at the home for the above-mentioned mandatory reporting inspection the inspector reviewed previously cited areas of non-compliance from a routine inspection had been conducted at the home on February 4, 2022. Although the home had trained the two staff that had been subject of the citation surrounding training in February, the inspection revealed that the home’s two new staff had not completed any orientation training at the home prior to working in the home. These staff had not been trained in the Resident bill of rights, Zero tolerance of abuse policy, whistle blower protection, PASD policy, fire prevention, complaints policy and infection control areas. The home was not compliant surrounding the orientation training for these two staff.

Outcome

The Licensee submitted a plan to achieve compliance by July 11, 2022. RHRA to confirm compliance by inspection.

5. 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

While at the home for the above-mentioned mandatory reporting inspection the inspector reviewed previously cited areas of non-compliance from a routine inspection had been conducted at the home on February 4, 2022. In reviewing charts, the inspector learned that resident falls were not always being

documented. One resident had a series of falls in April that required hospitalization and these falls had not been documented in the home. The home was not able to demonstrate that all resident falls were documented including the response to the fall and any corrective actions that were taken to mitigate further risk for falls.

Outcome


The Licensee submitted a plan to achieve compliance by July 11, 2022. 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
	June 21, 2022