

## FINAL INSPECTION REPORT

### Under the *Retirement Homes Act, 2010*

| Inspection Information   |  |
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| <b>Date of Inspection:</b> June 20, 2022   | <b>Name of Inspector:</b> Melissa Meikle |
| <b>Inspection Type:</b> Mandatory Reporting Inspection   |  |
| <b>Licensee:</b> 7209908 Canada Inc. / 475 Church Street, Russell, ON K4A 0A9 (the "Licensee")                     |  |
| <b>Retirement Home:</b> Russell Meadows Retirement Community / 475 Church Street, Russell, ON K4R 0A9 (the "home") |  |
| <b>Licence Number:</b> N0108   |  |

| Purpose of Inspection  |
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| The RHRA received a report under section 75(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA"). |

| NON-COMPLIANCE  |
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| <p><b>1. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b><u>27. (5)</u></b> The licensee of a retirement home shall ensure that,</p> <p style="padding-left: 40px;">(0.b) all reasonable steps are taken in the retirement home to follow,</p> <p style="padding-left: 80px;">(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,</p> |
| <p><b>Inspection Finding</b></p> <p>While conducting this inspection, the inspector made a finding related to the Retirement Homes Policy to Implement Directive #3, active screening was not completed as directed.</p>  |
| <p><b>Outcome</b></p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.</p>   |
| <p><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>  |

**67. (4)** Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.

**Inspection Finding**

The Licensee reported to RHRA that an incident of resident-to-resident abuse had occurred. The Licensee failed to follow procedures for investigating and responding to abuse. The Licensee did not ensure their zero tolerance of abuse policy was complied with fully.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**3. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.**

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

**23. (1)** Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;

**23. (2)** The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.

**Inspection Finding**

As part of the inspection in response to the allegation, the inspector reviewed both residents' care files, and reviewed the Licensee's behaviour management strategy. The inspector found that while one of the residents had previously exhibited behaviours that posed a risk to others in the home the Licensee had not implemented monitoring of this resident as set forth in their strategy. Furthermore, there was no evidence that the Licensee ensured that all staff who provide care services to residents were advised at the beginning of every shift of the resident's behaviours requiring heightened monitoring.

**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 the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.**

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

**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,

(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

**Inspection Finding**

The inspector reviewed two care files and found that 1 resident did not have their plan of care revised appropriately. The inspector confirmed that the Licensee failed to ensure that the resident was reassessed and that the plan of care was reviewed and revised at least every six months as required.

**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>.

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| Signature of Inspector<br> | Date<br>July 5, 2022 |
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