RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: June 15, 2022	**Name of Inspector:** Jennifer Sarkis
Inspection Type: Routine Inspection	
Licensee: Oxford SC Lundy Niagara LP / 5420 North Service Road, Burlington, ON L7L 6C7 (the "Licensee")	
Retirement Home: Lundy Manor / 7860 Lundy's Lane, Niagara Falls, ON L2H 1H1 (the "home")	
Licence Number: S0480	

Purpose of Inspection

The RHRA conducts routine inspections as set out in section 77(3) of the *Retirement Homes Act, 2010* (the "RHA").

NON-COMPLIANCE

1. 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.

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,

(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 a sample of resident care files and found that 1 resident did not have their plan of care approved appropriately, as there was no evidence that the plan had been approved by the resident or their substitute decision makers. Additionally, this resident had a significant change in status and required a re-assessment and revision to their plan of care, which did not occur. The Licensee failed to ensure that all residents plans of care had been revised when care needs have changed and approved as required.

Outcome

The Licensee submitted a plan to achieve compliance by June 17, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Agreement required.

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

53. (1) The licensee of a retirement home shall enter into a written agreement with every resident of the home before the resident commences residency in the home.

Inspection Finding

The inspector reviewed additional documents, related to the above mentioned resident, and found the resident had no approved written agreement. At the time of the inspection the resident had been residing in the home for 9 days. The Licensee failed to ensure a written agreement was signed prior to residents' admission.

Outcome

The Licensee submitted a plan to achieve compliance by June 17, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

3. 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. (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.

Inspection Finding

The falls log was reviewed by the inspector. Through observation and interviews, there was no evidence of an annual evaluation of the risk of falls. The Licensee failed to complete the requirements of an annual evaluation of the risk of falls within the home.

Outcome

The Licensee submitted a plan to achieve compliance by July 15, 2022. RHRA to confirm compliance by following up with the Licensee or 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. 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;

(h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (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 2 staff members had not completed all of their training required. The Licensee failed to ensure that staff were trained as required.

Outcome

The Licensee submitted a plan to achieve compliance by July 1, 2022. 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. 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.

Inspection Finding

During the inspection, the inspector reviewed the Emergency Response Plan. There was no evidence of community agreements for transportation. Additionally, the home did not have emergency resources, supplies and equipment set aside and readily available in the event of an emergency. The Licensee failed to ensure that all requirements within the Emergency Response Plan were met.

Outcome

The Licensee submitted a plan to achieve compliance by July 1, 2022. 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
	July 7, 2022