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:** Shara Bundy
Inspection Type: Routine Inspection	
Licensee: Schlegel Villages Inc. / 325 Max Becker Drive, Kitchener, ON N2E 4H5 (the "Licensee")	
Retirement Home: The Village of Erin Meadows / 2930 Erin Centre Blvd., Mississauga, ON L5M 7M4 (the "home")	
License Number: T0550	

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; Assessment of resident. **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. 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. (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. **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; **44. (3)** If a licensee or a staff member of a retirement home has reason to believe that a resident's care needs may include dementia care, skin and wound care, or the use of a personal assistance services device, the licensee shall ensure that the full assessment is,

(a) conducted by a member of a College, as defined in the Regulated Health Professions Act, 1991;

47. (5) If an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident's plan of care and that the resident's plan of care takes into account the results of the care conference.

48. (2) For the purposes of paragraph 2 of subsection 62 (9) of the Act, if an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that the resident's plan of care is approved by 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 that 2 residents with responsive behaviours, due to dementia, did not have their plans of care completed or approved by a Registered member of a College, as required, and failed to provide evidence that an Interdisciplinary Care Conference was held, as part of the development of the resident's plan of care. Additionally, the Licensee failed to provide evidence that the plans of care had been approved by the residents or their substitute decision makers and a member of a Professional College. Furthermore, the Licensee failed to ensure that the assessments and Plans of Care were completed within the required timelines, and/or as the residents' care needs changed. The Licensee failed to ensure that all residents' assessments and plans of care are completed and approved as required.

Outcome

The Licensee submitted a plan to achieve compliance by August 7, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

2. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.

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

25. (3) The licensee shall ensure that the emergency plan provides for the following:

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

Inspection Finding

The Inspector reviewed the Emergency Plan and found that the Licensee failed to ensure that the emergency plan provides resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

Outcome

The Licensee submitted a plan to achieve compliance by July 31, 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
Shara Bundy	July 11, 2022