

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

Inspection Information	
<b>Date of Inspection:</b> June 2, 2022	<b>Name of Inspector:</b> Georges Gauthier
<b>Inspection Type:</b> Mandatory Reporting Inspection	
<b>Licensee:</b> Eden Place Retirement Home & Wellness Ltd. / 38 Everett Street, Belleville, ON K8P 3K2 (the "Licensee")	
<b>Retirement Home:</b> Eden Place Retirement Home / 38 Everett Street, Belleville, ON K8P 3K2 (the "home")	
<b>Licence Number:</b> N0503	

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><b>1. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>22. (1)</b> Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.</p>
<p><b>Inspection Finding</b></p> <p>The Licensee's falls strategy along with falls records were reviewed. Several aspects of the strategy had not been addressed for resident falls. The Licensee failed to ensure the falls strategy had been fully implemented.</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. 62; Contents of plan.</b></p> <p><b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</b></p> <p><b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</b></p> <p><b>The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.</b></p> <p><b>The Licensee failed to comply with O. Reg. 166/11, s. 48; Approval of the plan of care.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

**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,
  - (i) the details of the services,
  - (ii) the goals that the services are intended to achieve,
  - (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.
2. The prescribed person if there is a person prescribed for the purpose of this paragraph.

**62. (12)** The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months.

**47. (4)** Subject to subsections (5) and (6), a plan of care for a resident is complete if the plan,  
(b) sets out,

- (iii) the names of the persons who participated in the development of the plan and whether the resident and his or her substitute decision-makers, if any, participated in the development of the plan.

**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 plan of care documentation and verbal information received showed plans of care were not reviewed and revised pursuant to the required assessments. Further, a personal assistive service device was being used by a resident and there was no evidence of there having been an interdisciplinary care conference for developing the plan of care in relation to the device's use, nor were there any stated details, goals, or directions for its use. In addition, the plan of care did not show participation in its development by either the resident or substitute decision maker. Furthermore, there was no evidence of the required approvals for the plans of care. The Licensee failed to ensure the assessment and plan of care provisions had been fully met.

### **Outcome**

The Licensee submitted a plan to achieve compliance by August 5, 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. 59; Procedure for complaints to licensee.**

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

**59. (1)** Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.
3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.
4. A response shall be made to the person who made the complaint, indicating,
  - i. what the licensee has done to resolve the complaint,
  - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

**59. (2)** The licensee shall ensure that a written record is kept in the retirement home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date that the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any, of the complaint;
- (e) every date on which any response was provided to the complainant and a description of the response;
- (f) any response made in turn by the complainant.

**Inspection Finding**

Complaints related records were reviewed and verbal information was received that showed a complaint related to call bells had not been addressed as required. The Licensee failed to ensure the complaint procedure had been fully implemented.

**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>.

Signature of Inspector	Date July 12, 2022
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