

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

Inspection Information	
<b>Date of Inspection:</b> May 25, 2022	<b>Name of Inspector:</b> Ingrid Boiago RN
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Jovanka Jovic / 143 Madison Avenue, Kitchener, ON N2G 3M4 (the "Licensee")	
<b>Retirement Home:</b> Zora Srpski Dom / 143 Madison Avenue, Kitchener, ON N2G 3M4 (the "home")	
<b>Licence Number:</b> T0504	

Purpose of Inspection
The RHRA conducts routine inspections as set out in section 77(3) 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. 23; Behaviour management.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>23. (1)</b> Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> <li>(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;</li> <li>(d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.</li> </ul> <p><b>23. (2)</b> 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.</p>
<p><b>Inspection Finding</b></p> <p>The inspectors reviewed documentation provided by the Licensee during the inspection which show that no behaviour management strategies or techniques were developed nor was a written behaviour strategy or policy in place to use as a communication tool for all staff providing services for the resident.</p>
<p><b>Outcome</b></p> <p>At the time of inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance</p>
<p><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.</b></p>

**The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan 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,
  - (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;

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

- (b) sets out,
  - (i) any information that is necessary to allow the licensee’s staff to understand the resident’s needs and preferences, including cultural, spiritual and religious preferences and customary routines,

**Inspection Finding**

The inspectors reviewed the residents care files and found that one resident did not have their diagnoses listed in the plan which would ensure clear directions to the licensee's staff who provide direct care to the resident. Specifically, it did not specify her health conditions and her cognitive impairment. The plan of care of one resident was not complete so as to allow the licensee's staff to understand the resident's needs and preferences.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**3. The Licensee failed to comply with O. Reg. 166/11, s. 56; Format and retention of records.**

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

**56. (3)** The licensee shall ensure that each of the records is kept in a readable and useable format that allows a complete copy of the record to be readily produced.

**Inspection Finding**

The inspectors reviewed the MAR records for the residents and noted that the records are not kept in a readable and useable format. It was noted that the Licensee inserted illegible writing in areas of the MAR which could not be read and that the MAR due to being faxed and photocopied numerous times, were not in a useable format.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance. RHRA to confirm by inspection

- 4. 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):

**14. (2)** For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

**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 inspectors reviewed staff training records and noted several deficiencies in the training record as well as the training in the procedures of PASD/Restraints, and other procedures described in subsection 65(2) of the Act. The Licensee could not demonstrate that annual training of staff was completed in the prescribed areas nor that staff received training in the area of infection prevention and control.

**Outcome**

The Licensee must take corrective action to achieve compliance.

- 5. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.  
The Licensee failed to comply with O. Reg. 166/11, s. 26; Emergency plan, retirement home with 10 or fewer residents.**

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.

**24. (5)** The licensee shall,

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

- (i) the loss of essential services,
- (ii) situations involving a missing resident,
- (iii) medical emergencies,
- (iv) violent outbursts;

(b) at least once every two years, conduct a planned evacuation of the retirement home;

**26.** The emergency plan for a retirement home that has 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:

- 4. The plan shall require that resources, supplies and equipment vital for the emergency response are set aside, readily available at the home and tested regularly to ensure that they are in working order.

**Inspection Finding**

The inspectors reviewed the Licensee's records of testing for their emergency plans and found that the Licensee failed to ensure current arrangements with community partners involved in responding to an emergency at the home were in place. In addition, the Licensee failed to ensure testing of the home's emergency plan in the noted areas was completed on an annual basis and that a full evacuation was completed every two years as required.

**Outcome**

The Licensee must take corrective action to achieve compliance.

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

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;
- (b) no drug is administered by the licensee or the staff to the resident in the home except in accordance with the directions for use specified by the person who prescribed the drug for the resident;
- (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;
- (d) a member of a College, as defined in the Regulated Health Professions Act, 1991, supervises the administration of the drug or other substance to the resident in the home;

**Inspection Finding**

The inspectors reviewed the Licensee's drug administration records and noted that for one resident, the drug prescribed was not administered as ordered for that resident, and further that the staff administering the medication had not received training in the procedures applicable to the administration of drugs, ways of reducing the incidence of infectious diseases, safe disposal of syringes and other sharps, and recognizing

the adverse drug reaction and taking the appropriate action. There is no member of the College as defined in the Regulated Health Professions Act, 1991 who supervises the administration of drugs and other substances to the residents of the home.

**Outcome**


The Licensee must take corrective action to achieve compliance.

**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  RN	Date  July 14, 2022
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