

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

Inspection Information	
<b>Date of Inspection:</b> July 27, 2022	<b>Name of Inspector:</b> Georges Gauthier
<b>Inspection Type:</b> Compliance Inspection	
<b>Licensee:</b> Sharbot Lake Retirement Ltd. / 1422 County Road 38, Sharbot Lake, ON K0H 2P0 (the "Licensee")	
<b>Retirement Home:</b> Sharbot Lake Retirement Ltd. / 14244 Road 38, Sharbot Lake, ON K0H 2P0 (the "home")	
<b>Licence Number:</b> N0473	

Purpose of Inspection
The RHRA conducts compliance inspections as set out in section 77(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</b> <b>The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>62. (9)</b> 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:</p> <p>1. The resident or the resident's substitute decision-maker.</p> <p><b>47. (5)</b> 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.</p>
<p><b>Inspection Finding</b></p> <p>Three resident assessment and plan of care records were reviewed. For one plan of care, there was no approval by either the resident or the substitute decision maker. Further, one resident required skin and wound care provided by an external care provider and there was no evidence of an interdisciplinary care conference having been held as part of the development of the resident's plan of care. The Licensee failed to ensure the assessment and plan of care provisions had been fully addressed.</p>
<p><b>Outcome</b></p> <p>The Licensee submitted a plan to achieve compliance by September 14, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.</p>

- 2. The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.  
The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

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.

**32.** If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

(b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991.

**Inspection Finding**

Training records in relation to medication administration were reviewed and no evidence was found to show the training included ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene. Further, medication administration records were reviewed for three residents. There was no written evidence to show that the drugs for one of the residents were prescribed by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act. The Licensee failed to ensure the medication administration provisions had been fully met.

**Outcome**

The Licensee submitted a plan to achieve compliance by September 14, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

- 3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.  
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going training.  
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):

**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;
- (f) fire prevention and safety;
- (h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4).

**65. (4)** The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

**14. (1)** For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure that all staff who work in the home receive training in the procedure described in subsection 73 (1) of the Act for a person to complain to the licensee.

**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.

**14. (5)** The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (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**

A review of the training records showed not all staff completed the required training before commencing work in the home. Further, one staff member had not completed the retraining requirements in the areas of personal assistive service devices and the Licensee’s complaints procedures. The Licensee failed to ensure the training and retraining requirements had been fully met.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or by inspection.

**4. 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):

**27. (5)** The licensee of a retirement home shall ensure that,

(0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home.

**Inspection Finding**

The Licensee had previously been cited for failing to ensure staff wore masks as required. On the day of inspection, two staff members were observed not wearing their masks as required. The Licensee failed to follow the Chief Medical Officer of Health recommendations outlined in the updated COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. 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.

**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.

**Inspection Finding**

On the day of inspection there was no evidence to show the home had current arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency. Further, there was no evidence to show the emergency plan was tested in relation to medical emergencies, missing persons, violent outbursts, and the loss of essential services. The Licensee failed to fully address the listed requirements in relation to the emergency plan.

**Outcome**

The Licensee has advised it has taken corrective action to achieve compliance. 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 August 23, 2022
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