RHRA Retirement Homes Regulatory Authority

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

| **Inspection Information** | |
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| **Date of Inspection:** July 27, 2022 | **Name of Inspector:** Shara Bundy |
| **Inspection Type:** Routine Inspection | |
| **Licensee:** Oaks Retirement Village Inc. / 80 McNaughton Avenue, Wallaceburg, ON N8A 1R9 (the "Licensee") | |
| **Retirement Home:** Oaks Retirement Village / 80 McNaughton Avenue, Wallaceburg, ON N8A 1R9 (the "home") | |
| **Licence Number:** S0433 | |

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

| **NON-COMPLIANCE** |
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| **1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Plan of care.**<br>**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Assessment only with consent, etc..**<br>**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.**<br>**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Assessment of resident.**<br>**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.**<br>**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.**<br><br>Specifically, the Licensee failed to comply with the following subsection(s):<br><br>**62. (1)** When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.<br><br>**62. (2)** Nothing in this section authorizes a licensee to assess or to reassess a resident without the resident's consent.<br><br>**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,<br>(b) the planned care services for the resident that the licensee will provide, including,<br>(i) the details of the services,<br>(ii) the goals that the services are intended to achieve, |

**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.

**Inspection Finding**

The inspectors reviewed the plans of care for seven residents and found two of the plans of care were not approved by the resident or the substitute decision maker. The assessment and re-assessment for one resident lacked evidence that the resident or substitute decision maker had consented to the completion of the assessments, as required. Additionally, the initial assessment and plan of care for two residents had not been completed within two days of the resident commencing residence in the home. For one resident, the plan of care had not been reviewed and revised at least every six months as required. Additionally, one plan of care failed to address the needs and services of a resident who requires oxygen, and the plan of care for one resident with specific requirements regarding the provision of a meal, had not been updated as those requirements changed. Furthermore, all of the plans of care that were reviewed failed to identify goals that the care and services were intended to achieve. The Licensee failed to ensure that assessments and plans of care for residents are completed as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by September 16, 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. 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. 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;

**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.

**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 training documents for several staff members and found that, the orientation training for new hires did not include training for Infection Prevention and Control; and one newly hired staff member had not completed the orientation training as required. Additionally, two staff members failed to complete the required annual training for 2021. The licensee failed to ensure that staff training is completed as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by September 9, 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. 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 inspectors reviewed progress notes for several residents and found one resident was experiencing symptoms consistent with COVID-19 and the home is unable to provide evidence that any testing for COVID-19 was conducted, as required. The Licensee ailed to ensure that any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home.

**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 |
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| *Shara Bundy* | August 29, 2022 |