

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

Inspection Information	
Date of Inspection: September 6, 2022	Name of Inspector: Julie Hebert
Inspection Type: Routine Inspection	
Licensee: Light-Haven Home Inc. / 38 Desbarats Street, Bruce Mines, ON P0R 1C0 (the "Licensee")	
Retirement Home: Light-Haven Home Inc. / 38 Desbarats Street, Bruce Mines, ON P0R 1C0 (the "home")	
Licence Number: N0146	

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>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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:</p> <p>1. The resident or the resident's substitute decision-maker.</p> <p>62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months.</p>
<p>Inspection Finding</p> <p>As part of this routine inspection, the inspector reviewed a sampling of resident plans of care. The inspector found that four of those sampled were not updated within the minimum 6 month timeline. In addition, not all of the plans of care reviewed that had been updated had been approved by the resident or their SDM. The plans of care were not in alignment with the legislation in those areas.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by September 19, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.</p>

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

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.

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.

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

- 3. Behaviour management.

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

The inspector reviewed training records for three staff hired in 2022 and three staff that had been hired prior to 2022. The inspector found that for the staff hired in 2022, two of the three staff had not completed training in infection control, complaints, zero tolerance of abuse, and Whistle Blower protection. One of those two staff had not received training in fire prevention and safety and behaviour management. Three of the staff had not received training in Bill of Rights or PASDs. For the staff hired prior to 2022, none had received annual training in Bill of Rights, or Whistle Blower protection and that one of the three staff had not received annual training in behaviour management. The Licensee was not able to demonstrate that the annual and orientation training for all staff was in alignment with the legislation.

Outcome

The Licensee submitted a plan to achieve compliance by October 6, 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 home was not able to demonstrate they were following the guidance of the Chief Medical officer of Health relating to COVID 19 as they had not identified a staffing contingency plan and they had not updated their visitor's policy since December 2021. The Licensee was not in alignment with this section of the legislation.

Outcome

The Licensee submitted a plan to achieve compliance by October 6, 2022. 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. 24; Emergency plan, general.

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

- 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,

(iv) violent outbursts;

Inspection Finding

The inspector reviewed the Licensee’s records of testing for their emergency plans and found that the testing for situations involving violent outbursts. It had not been completed in the previous 12 months. The Licensee failed to ensure that testing was done annually as required.

Outcome

The Licensee submitted a plan to achieve compliance by October 6, 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>.

<p>Signature of Inspector</p> <p><i>Julie Hebert</i></p>	<p>Date</p> <p>September 16, 2022</p>
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