RHRA Retirement Homes Regulatory Authority

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

| **Inspection Information** | |
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| **Date of Inspection:** August 29, 2022 | **Name of Inspector:** Tania Buko |
| **Inspection Type:** Routine Inspection | |
| **Licensee:** Chartwell Master Care Corporation / 7070 Derrycrest Drive, Mississauga, ON L5W 0G5 (the "Licensee") | |
| **Retirement Home:** Chartwell Clair Hills Retirement Community / 530 Columbia Street, Waterloo, ON N2T 0B1 (the "home") | |
| **Licence Number:** T0464 | |

| **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 O. Reg. 166/11, s. 23; Behaviour management.**<br><br>Specifically, the Licensee failed to comply with the following subsection(s):<br><br>**23. (1)** Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,<br>(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;<br>(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;<br>(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home. |
| **Inspection Finding**<br>The Inspector reviewed a sample of resident care files, interviewed staff and reviewed the Licensee's policies and found that two residents had exit seeking and wandering behaviours that posed a risk to themselves. The evidence showed the Licensee had failed to follow their Behaviour Management Policy as there was insufficient evidence to support that strategies, interventions, and techniques to address and prevent the behaviours were developed and implemented for both the residents including strategies for monitoring and that those were all documented in the resident's plans of care, as per the home's Behaviour Management Policy. |
| **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.

**2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Plan of care.**
**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.**
**The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs.**
**The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.**
**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. (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.

**62. (12)** The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,

**43. (1)** Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

**44. (1)** Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident's care needs and preferences is conducted.

**47. (2)** No later than 21 days after a resident commences residency in a retirement home, the licensee of the home shall develop a complete plan of care for the resident based on the full assessment of the resident's care needs and preferences conducted under section 44 that takes into account all of the matters that must be considered in a full assessment.

**Inspection Finding**

The Inspector reviewed a sample of resident care files and found that an initial and full assessment was not completed and a plan of care was not developed within the required timeframes for one resident, an initial or full plan of care was not developed for another resident, and the plans of care for two other residents were not reviewed and revised every six months as required.

**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.

**3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; 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);

**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.

**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 a sample of staff training records and found that not all staff had been trained on the Licensee's policies upon hire. The Licensee failed to ensure that staff were trained as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by September 30, 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. 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 Inspector reviewed documents, made observations and interviewed staff and found 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. Specifically, not all visitors to the home are screened prior to entering the home, not all staff are adhering to or reinforcing universal masking in the home and there is a lack of documented evidence to support that resident symptoms are being screened on a daily basis as required.

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

(c) keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan.

**Inspection Finding**

The Inspector reviewed the Licensee's records of testing for their emergency plans and found that while the testing for situations involving missing residents and medical emergencies had been completed, the Licensee failed to provide adequate written records of the testing.

**Outcome**

The Licensee submitted a plan to achieve compliance by September 30, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

**6. The Licensee failed to comply with O. Reg. 166/11, s. 30; Storage of drugs or other substances.**

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

**30.** If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

(a) the drugs or other substances are stored in an area or a medication cart that,

(ii) is locked and secure,

(b) controlled substances as defined in the Controlled Drugs and Substances Act (Canada) are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

**Inspection Finding**

The Inspector made observations on the day of inspection and found the Licensee failed to ensure medications were properly locked and secured and that narcotics were double locked as required.

**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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| *Tania Buko* | September 21, 2022 |