

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

Inspection Information	
Date of Inspection: September 1, 2022	Name of Inspector: Douglas Crust
Inspection Type: Routine Inspection	
Licensee: Pearl & Pine St. Facility Inc. / 22 St. Clair Avenue, Toronto, ON M4T 2S3 (the "Licensee")	
Retirement Home: Pearl and Pine Retirement Residence / 390 Pearl Street, Burlington, ON L7R 0A4 (the "home")	
Licence Number: S0352	

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 O. Reg. 166/11, s. 24; Emergency plan, general.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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.</p>
<p>Inspection Finding</p> <p>The inspector reviewed the Licensee's emergency plan records and found that the Licensee did not have current arrangements with all community agencies, partner facilities and resources to be utilized in an emergency impacting the Home. The Licensee provided a current agreement before the end of the inspection.</p>
<p>Outcome</p> <p>At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.</p>
<p>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan.</p> <p>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>The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.</p>

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,
 - (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;

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 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. (1) Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident's immediate care needs conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident's immediate care needs.

Inspection Finding

The inspector reviewed a sample of three resident care files. For the first resident, the plan of care was not approved by the resident or their substitute decision maker and there was no evidence that a copy was provided by the Licensee; the plan of care was not revised and updated within the time frame specified; and the plan of care did not include any goals or specific directions to staff who provide care services to the resident. For the second resident, the initial/ full assessments were not performed within the time frame specified; the plan of care was not created within the time frame specified; there were no goals included in the plan of care; and there was no evidence that a copy of the plan was provided to the resident. For the third resident, the plan of care was not created within the time frame specified; there were no goals included in the plan of care; and there was no evidence that a copy of the plan was provided to the resident. The Licensee failed to ensure that all resident assessments and resident plans of care met the requirements.

Outcome

At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.

- 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;

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 staff training for six staff members. Of these, one staff member did not complete all of the required training prior to commencing to work in the Home. The Licensee did not ensure that all staff were trained as prescribed.

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 September 22, 2022
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