

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

Inspection Information	
<b>Date of Inspection:</b> September 13, 2022	<b>Name of Inspector:</b> Julie Hebert
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> University Place Inc. / 3140 Peter Street, Windsor, ON N9C 1H3 (the "Licensee")	
<b>Retirement Home:</b> Cardinal Place / 3140 Peter Street, Windsor, ON N9C 1H3 (the "home")	
<b>Licence Number:</b> S0353	

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><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>67. (4)</b> Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.</p>
<p><b>Inspection Finding</b></p> <p>As part of the routine inspection, the inspector reviewed the home's documentation and found an allegation of theft that was discovered to be unfounded a few weeks after it was reported to the home. The documentation showed however that the home had not immediately started an investigation, contacted the police, or notified Registrar in accordance with their Zero Tolerance of Abuse policy. The home was not able to demonstrate they fully implemented their zero tolerance of abuse policy regarding the alleged theft.</p>
<p><b>Outcome</b></p> <p>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.</p>
<p><b>2. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

**59. (1)** Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.

**Inspection Finding**

As part of the routine inspection, the inspector reviewed the home's complaint log and found that not all complaints had been resolved within 10 days. The home was not able to demonstrate that their implementation of the complaints procedures was in alignment with the regulations for all complaints.

**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. 62; Persons who approve plans of care.**

**The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.**

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

**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,  
(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

**Inspection Finding**

The inspector reviewed a sample of resident plans of care and found that 4 of the 5 plans reviewed did not have indications of approval by the resident or their SDM. Additionally, 2 of the 5 residents have changes in care needs and services that were not updated as those needs changed. The home was not able to demonstrate that all residents' plans of care were in alignment with the regulations surrounding approval and updating of plans of care.

**Outcome**

The Licensee submitted a plan to achieve compliance by October 13, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.

**4. 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 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 a sample of training records in the areas of zero tolerance of abuse, Bill of Rights, Infection control, Whistle Blower protection, PASDs, fire prevention and safety, complaints, and behaviour management. The inspector reviewed not only records for staff hired in 2022 to determine compliance with orientation training, but also a sample of training records for those hired prior to 2022 to determine compliance with annual training in these areas. The inspector found that the orientation training for staff was not completed for fire safety for all staff reviewed and that one of the staff files reviewed had not completed any orientation training the reviewed areas. For the annual training files reviewed, not all of the staff files sampled had completed training in 2021 or 2022 in the reviewed training areas. The home was not able to determine that orientation and annual training was being completed in alignment with the regulations.

**Outcome**

The Licensee submitted a plan to achieve compliance by October 13, 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 style="text-align: center;"><i>Julie Hebert</i></p>	<p>Date</p> <p>September 22, 2022</p>
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