

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

Inspection Information	
Date of Inspection: September 7, 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 Westmount Retirement Residence / 190 David Bergey Drive, Kitchener, ON N2E 3Y4 (the "home")	
Licence Number: T0082	

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. 59; Procedure for complaints to licensee.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <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:</p> <ul style="list-style-type: none"> 4. A response shall be made to the person who made the complaint, indicating, <ul style="list-style-type: none"> i. what the licensee has done to resolve the complaint, ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. 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. <p>59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,</p> <ul style="list-style-type: none"> (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; (d) the final resolution, if any, of the complaint; (e) every date on which any response was provided to the complainant and a description of the response.
<p>Inspection Finding</p> <p>As part of the routine inspection, the Inspector reviewed the Licensee's complaints log and complaints policy, The Inspector found there was a lack of documented evidence to support the home fully complied</p>

with the Licensee's complaints policy in the handling of all the reviewed complaints in relation to what actions were taken to resolve the complaints within the required timeframe, what the final resolutions were if any, and dates which any responses were provided to the complainant and a description of those responses. The Inspector confirmed that the Licensee failed to comply with the home's complaints policy and that the written records of the reviewed complaints included all the required elements.

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; Contents of plan.
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Assessment of resident.
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. (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,
- (iii) clear directions to the licensee's staff who provide direct care to the resident;

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.

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 full plans of care were not developed for two residents, the needs related to a resident who is at risk of falls was not documented in their plan of care, and there was a lack of evidence to support that there were documented directions to staff for providing the care services of assistance with ambulation, personal hygiene, dressing and continence care to a resident.

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 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 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. as there was a lack of documented evidence to support that residents are screened for symptoms 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.

4. The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.

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

32. If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,
(a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered.

Inspection Finding

The Inspector reviewed a sample of resident's medication administration records and found not all were completed each day to demonstrate the residents received all their medications 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 <i>Tania Buko</i>	Date September 22, 2022
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