RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: August 30, 2022	**Name of Inspector:** Michele Davidson
Inspection Type: Routine Inspection	
Licensee: 2540250 Ontario Limited / 117 Peter Street, Toronto, ON M5V 0M3 (the "Licensee")	
Retirement Home: Queens Estate Retirement Residence / 265 Queens Dr, Toronto, ON M6L 3E2 (the "home")	
Licence Number: T0539	

Purpose of Inspection
The RHRA conducts routine inspections as set out in section 77(3) of the *Retirement Homes Act, 2010* (the "RHA").

NON-COMPLIANCE
1. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management. Specifically, the Licensee failed to comply with the following subsection(s): **23. (1)** Every licensee of a retirement home shall develop and implement a written behaviour management strategy.
Inspection Finding The inspector looked at resident records and found no documentation of a behaviour management plan for one resident who displayed behaviours. The Licensee failed to implement strategies and techniques to address the resident's behaviour.
Outcome The Licensee submitted a plan to achieve compliance by October 22, 2022. RHRA to confirm compliance by following up with the Licensee or by inspection.
2. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls. Specifically, the Licensee failed to comply with the following subsection(s): **22. (1)** Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home. **22. (4)** Every licensee of a retirement home shall keep a written record of all falls for which the licensee is

required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

Inspection Finding

During the inspection, the Licensee's records on falls prevention were reviewed. The inspector found that the home had not completed an annual analysis of falls in the home. Further the Licensee did not have falls prevention strategies implemented for one resident who was at risk of falls.

Outcome

The Licensee submitted a plan to achieve compliance by October 22, 2022. 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.
2. The prescribed person if there is a person prescribed for the purpose of this paragraph.
3. A person with the requisite expertise in assessing the suitability of care services for the resident in light of those set out in the plan, if there is no person prescribed for the purpose of paragraph 2.

62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months.

Inspection Finding

The inspector reviewed resident records and found that some resident plans of care had not been approved by, and a copy not given to the resident or substitute decisions maker. Further, the Licensee failed to ensure plans of care had been reviewed and revised within the prescribed time period.

Outcome

The Licensee submitted a plan to achieve compliance by December 1, 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.b) all reasonable steps are taken in the retirement home to follow,

(i) any directive respecting coronavirus (COVID-19) issued to long-term care homes by the Chief Medical Officer of Health under section 77.7 of the Health Protection and Promotion Act.

Inspection Finding

The inspector reviewed the Licensee's resident COVID-19 symptom screening logs and found that the screen had not been conducted daily as required. The Licensee failed to conduct daily symptom screen as directed by the Chief Medical Officer of Health.

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.
The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.

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

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.

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;

25. (3) The licensee shall ensure that the emergency plan provides for the following:

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

Inspection Finding

The inspector reviewed the Licensee's emergency response plan and found that an annual drill in violent outbursts had not conducted. Further arrangements with the home's emergency response partners were not current and the emergency supplies had not been regularly audited or tested. The Licensee failed to keep current arrangements with emergency partners, to complete all annual drills and to test emergency supplies.

Outcome

The Licensee submitted a plan to achieve compliance by October 7, 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. 41; Dementia care program.

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

41. (2) The program shall include,

(a) therapies, techniques and activities, including mental stimulation, to maximize the functioning and independence of the resident in the areas of physical, cognitive, sensory and social abilities;

(c) therapies, techniques and activities to promote quality of life and wellbeing for the resident.

Inspection Finding

During the inspection, the inspector reviewed documentation and interviewed relevant personnel. The inspection found that the Licensee's dementia care did not meet the the requirements for a dementia care program. The Licensee failed to provide the residents with the therapies, techniques and activities to stimulate and maximize the residents social, sensory, cognitive and physical abilities.

Outcome

The Licensee submitted a plan to achieve compliance by October 22, 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.

Signature of Inspector	Date
M. Davidson	September 24, 2022