

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

Inspection Information	
<b>Date of Inspection:</b> September 2, 2022	<b>Name of Inspector:</b> Jennifer Sarkis
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Dukesue Inc. / 480 Main Street, Listowel, ON N4W 1A6 (the "Licensee")	
<b>Retirement Home:</b> Livingstone Manor Retirement Residence / 480 Main Street , Listowel, ON N4W 1A6 (the "home")	
<b>Licence Number:</b> T0235	

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 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> <p><b>59. (2)</b> The licensee shall ensure that a written record is kept in the retirement home that includes,</p> <ul style="list-style-type: none"> <li>(a) the nature of each verbal or written complaint;</li> <li>(b) the date that the complaint was received;</li> <li>(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;</li> <li>(d) the final resolution, if any, of the complaint;</li> <li>(e) every date on which any response was provided to the complainant and a description of the response;</li> <li>(f) any response made in turn by the complainant.</li> </ul>
<p><b>Inspection Finding</b></p> <p>The inspector reviewed the Licensee's communication log and found a recent resident complaint did not have a compliant written record in the Licensee's complaints log. Specifically, the record of the complaint did not include the dates which responses were provided to the complainant and descriptions of the responses, as well as the responses made in turn by the complainant. The Licensee failed to ensure that their written record of a complaint included all the required elements.</p>
<p><b>Outcome</b></p> <p>The Licensee must take corrective action to achieve compliance.</p>

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

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,
- (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

**Inspection Finding**

The inspector reviewed a sample of staff training records and found that 2 staff members had not been trained on the Licensee’s Personal Assistance Service Device upon hire. The Licensee failed to ensure that staff were trained 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 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,
- (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,
    - (i) the loss of essential services,
    - (ii) situations involving a missing resident,
    - (iii) medical emergencies,
    - (iv) violent outbursts;

**Inspection Finding**

The inspector reviewed the Licensee’s records of testing for their emergency plans and found that the testing for situations involving the loss of essential services, a missing resident, a medical emergency, and violent outbursts had not been completed. The Licensee failed to ensure that testing was done annually as required.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**4. 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. (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 a sample of resident care files and found that 4 residents did not have their plans of care revised within the required timeframe. The Licensee failed to ensure that all resident plans of care had been revised as required.

**Outcome**

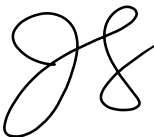
The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or by inspection.

**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>.

<p>Signature of Inspector</p> 	<p>Date</p> <p>October 7, 2022</p>
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