

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

Inspection Information	
<b>Date of Inspection:</b> October 5, 2022	<b>Name of Inspector:</b> Julie Hebert
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 2604395 Ontario Inc. / 2420 Meadowpine Blvd, Mississauga, ON L5N 6S2 (the "Licensee")	
<b>Retirement Home:</b> Hudson Manor / 36 Lawson Street, Tilbury, ON NOP 2L0 (the "home")	
<b>Licence Number:</b> S0445	

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. (3)</b> The licensee shall ensure that,</p> <ul style="list-style-type: none"> <li>(a) the written record is reviewed and analyzed for trends at least quarterly;</li> <li>(b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home;</li> <li>(c) a written record is kept of each review and of the improvements made in response.</li> </ul>
<p><b>Inspection Finding</b></p> <p>As part of the routine inspection, the inspector reviewed the complaints that had been received by the home and learned the home had not been completing quarterly analysis of complaints since 2021. The Licensee was not able to demonstrate that they had fully implemented their complaints procedures.</p>
<p><b>Outcome</b></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><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Plan of care.</b> <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

**62. (1)** When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.

**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 care files and found that one resident did not have their plans of care updated as their care needs changed relating to risk of falls. Furthermore, the home had not developed an initial plan of care for another resident. The Licensee failed to ensure that all resident plans of care had been revised and completed as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by October 11, 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. 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 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.

**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 two staff was not completed prior to the staff member working in the home. For the annual training files reviewed, five staff had not 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 15, 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
<i>Julie Hebert</i>	October 11, 2022