

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

Inspection Information	
Date of Inspection: August 3, 2022	Name of Inspector: Pam Hand
Inspection Type: Mandatory Reporting Inspection	
Licensee: NLG LP One General Partner Inc. / 2962 Carp Road, Carp, ON K0A 1L0 (the "Licensee")	
Retirement Home: Harbour Hill Retirement Community / 104 Suncoast Drive, Goderich, ON N7A 0A7 (the "home")	
Licence Number: S0503	

Purpose of Inspection
The RHRA received a report under section 75(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Protection against abuse and neglect.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Policy to promote zero tolerance.</p> <p>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 75; Reporting certain matters to Registrar.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><u>67. (1)</u> Every licensee of a retirement home shall protect residents of the home from abuse by anyone.</p> <p><u>67. (4)</u> 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><u>75. (1)</u> A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Registrar:</p> <p>2. Abuse of a resident by anyone.</p>
<p>Inspection Finding</p> <p>A report was made to the RHRA regarding the alleged emotional abuse of two residents by the same staff member. As part of the inspection in response to the allegations, the inspector reviewed the Licensee's care policies and procedures, staff training records, residents' care files, and interviewed relevant staff. The inspection revealed that incidents of a staff member being emotionally and potentially physically abusive to</p>

two residents were reported to the Licensee by a staff member. The Licensee failed to follow their zero tolerance of abuse policy by completing an immediate investigation, notifying the substitute decision makers of the residents of the allegations, the GM or designate notifying the RHRA of the allegations of abuse, and ensuring the subject staff member was not continuing to provide care to these residents pending the results of their investigation. There was no evidence of an investigation for one of the incidents of alleged emotional/physical abuse. Furthermore, the Licensee was not able to demonstrate that they had implemented strategies and techniques to monitor the wandering and exit seeking behaviour of a resident. As a result, the Licensee's inactions jeopardized the health and safety of the residents, and the Licensee failed to protect the residents from the emotional and potentially physical abuse of a staff member.

Outcome

The Licensee submitted a plan to achieve compliance by October 21, 2022. RHRA to confirm compliance by inspection.

2. 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 and at any other time if, in the opinion of the licensee or the resident,

Inspection Finding

As part of the inspection, the inspector reviewed various documents including the care plans for the two residents. The inspector found that the care plan for one of the two residents had not been updated every 6 months, as required.

Outcome

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

3. 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 that includes,

- (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;
- (b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;
- (c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;

Inspection Finding

As part of the inspection, the inspector reviewed the Licensee’s Behaviour Management policy. The inspector confirmed that the policy developed by the Licensee refers to, but does not include, techniques to prevent and address resident behaviours, and interventions for behaviours that pose a risk to the resident or others in the home. Additionally, the inspector found that Licensee had failed to put strategies in place to address an aggressive and exit seeking resident’s behaviour, and monitor the resident for their well-being.

Outcome


The Licensee submitted a plan to achieve compliance by October 21, 2022. RHRA to confirm compliance 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 18, 2022</p>
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