

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

Inspection Information	
Date of Inspection: October 12, 2022	Name of Inspector: Cindy Ma, RN
Inspection Type: Complaint Inspection	
Licensee: Mon Sheong Foundation / 11211 Yonge Street, Richmond Hill, ON L4S 1L2 (the "Licensee")	
Retirement Home: Mon Sheong Private Care / 11211 Yonge Street, Richmond Hill, ON L4S 0E9 (the "home")	
Licence Number: T0407	

Purpose of Inspection
The RHRA received a complaint under section 83(1) of the Retirement Homes Act, 2010 (the "RHA").

NON-COMPLIANCE
<p>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Involvement of resident, etc.. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>62. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate in the development, implementation and reviews of the resident's plan of care.</p> <p>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:</p> <p>1. The resident or the resident's substitute decision-maker.</p> <p>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,</p> <p>(b) the resident's care needs change or the care services set out in the plan are no longer necessary;</p>

Inspection Finding
On October 12, 2022, the inspector attended the home for a Compliance Inspection to review areas of non-compliance previously cited in a Routine Inspection conducted June 8, 2022. As part of this compliance inspection, the inspector reviewed care plans and found that the plans were not approved appropriately, as there was no evidence that the plan had been approved by the Resident or the Resident's substitute decision maker. In addition, there was no evidence provided that the resident's substitute decision maker was given an opportunity to participate in the development of the plan. The Licensee failed to ensure the

plans were in compliance with the legislation.

Outcome

The Licensee submitted a plan to achieve compliance by November 30, 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. 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

On October 12, 2022, the inspector attended the home for a Compliance Inspection to review areas of non-compliance previously cited in a Routine Inspection conducted June 8, 2022. As part of this compliance inspection, the inspector reviewed two resident care plans who were identified as having responsive behaviours and found that the 2 residents did not have a behaviour management strategy that included techniques and strategies to prevent and address the behaviours, and strategies for monitoring the resident. The Licensee failed to comply with the requirements as prescribed by the Regulation.

Outcome

The Licensee must take corrective action to achieve compliance.

**3. 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.**

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

- 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. (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.

Inspection Finding

On October 12, 2022, the inspector attended the home for a Compliance Inspection to review areas of non-

compliance previously cited in a Routine Inspection conducted June 8, 2022. As part of this compliance inspection, 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. For the annual training files reviewed, it was revealed that not all PSW and RPN staff had completed training in all the above-mentioned areas since 2020.

Outcome

The Licensee submitted a plan to achieve compliance by November 4, 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. 24; Emergency plan, general.

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,

- (i) the loss of essential services,
- (ii) situations involving a missing resident,
- (iv) violent outbursts;
- (iii) medical emergencies,

(b) at least once every two years, conduct a planned evacuation of the retirement home;

Inspection Finding

On October 12, 2022, the inspector attended the home for a Compliance Inspection to review areas of non-compliance previously cited in a Routine Inspection conducted June 8, 2022. As part of this compliance inspection, the Licensee was not able to provide evidence to demonstrate that they had completed the testing for situations involving the loss of essential services, missing residents, medical emergencies, and violent outbursts, as required. Further, the Licensee was not able to provide evidence that a full evacuation drill had been completed, as required. Lastly, the Licensee did not provide evidence to demonstrate that shelter and transportation arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency had been made. The Licensee failed to ensure that testing was done as required and emergency arrangements were in place, as prescribed by the Regulation.

Outcome

The Licensee submitted a plan to achieve compliance by November 25, 2022. 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. 21; Hazardous substances.

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

21. (2) Every licensee of a retirement home shall ensure that all hazardous substances used by staff of the home or under their control are labelled properly and are kept inaccessible to residents at all times.

Inspection Finding

While conducting this Compliance Inspection, the inspector made a finding unrelated to the purpose of the inspection. The inspector’s observations revealed that the Licensee did not ensure that all hazardous substances used by staff of the home were kept inaccessible to residents at all times.

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 Esigned on behalf of Cindy Ma by Julie Hebert-team lead inspections Western region</p>	<p>Date October 31, 2022</p>
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