

FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

Inspection Information

Date of Inspection: October 11, 2022 Name of Inspector: Mark Dennis

Inspection Type: Mandatory Reporting Inspection

Licensee: Oxford SC Walford Sudbury LP / 5420 North Service Road, Burlington, ON L7L 6C7 (the

"Licensee")

Retirement Home: The Walford Sudbury / 99 Walford Road, Sudbury, ON P3E 6K3 (the "home")

Licence Number: N0498

Purpose of Inspection

The RHRA received a report under section 75(1) of the Retirement Homes Act, 2010 (the "RHA").

NON-COMPLIANCE

1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Plan of care.

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

<u>62. (1)</u> 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.

Inspection Finding

The Inspector conducted an inspection in response made by the home involving resident vs. resident physical abuse. The inspection showed that an involved resident did not have a plan of care. The Licensee failed to complete a plan of care as prescribed.

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.

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;

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(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;

Inspection Finding

The Inspector conducted an inspection in response made by the home involving resident vs. resident physical abuse. The inspection showed that an involved resident had been exhibiting aggressive behaviours prior to the incident and the home did not implement strategies or techniques to prevent and address the behaviours. The Licensee failed to implement behaviour management strategies as prescribed.

Outcome

The Licensee submitted a plan to achieve compliance by November 14, 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. 74; Licensee's duty to respond to incidents of wrongdoing.

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

- 74. Every licensee of a retirement home shall ensure that,
 - (a) every alleged, suspected or witnessed incident of the following of which the licensee knows or that is reported to the licensee is immediately investigated:
 - (i) abuse of a resident of the home by anyone,

Inspection Finding

The Inspector conducted an inspection in response made by the home involving resident vs. resident physical abuse. The inspection showed that prior to this incident, there were other allegations of physical abuse. The Zero Tolerance of Abuse and Neglect policy requires all allegations of abuse will be investigated. There was no evidence these prior allegations were investigated. The Licensee failed to investigate an allegation of abuse as prescribed.

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.

4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 75; Reporting certain matters to Registrar.

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

- **75. (1)** 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:
 - 2. Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or a risk of harm to the resident.

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Inspection Finding

The Inspector conducted an inspection in response made by the home involving resident vs. resident physical abuse. The inspection showed that prior to this incident, there were other allegations of physical abuse, one which resulted in harm to a resident. These incidents were not reported to the Registrar. The Licensee failed to report an allegation of abuse to the registrar as prescribed.

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 the RHA, S.O. 2010, c. 11, s. 67; Protection against abuse and neglect.

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

67. (1) Every licensee of a retirement home shall protect residents of the home from abuse by anyone.

Inspection Finding

The Inspector conducted an inspection, in response made by the home, involving resident vs. resident physical abuse. The inspection showed that prior to this incident, there were other allegations of physical abuse where a resident had physically abused another resident and threatened others. The resident did not have a plan of care or behaviour management strategy implemented. Based on this information, there was no evidence that the home took action to protect residents from harm. The Licensee failed to protect residents from abuse as prescribed.

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.

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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
	mnn	November 1, 2022

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