

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

| Inspection Information | |
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| Date of Inspection: October 25, 2022 | Name of Inspector: Tania Buko |
| Inspection Type: Routine Inspection | |
| Licensee: Beechwood Manor Inc. / 7 Lyric Lane, Toronto, ON M3B 2J4 (the "Licensee") | |
| Retirement Home: Beechwood Manor / 305 Erb Street, Waterloo, ON N2L 1W4 (the "home") | |
| Licence Number: T0554 | |

| Purpose of Inspection |
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| The RHRA conducts routine inspections as set out in section 77(3) of the <i>Retirement Homes Act, 2010</i> (the "RHA"). |

| NON-COMPLIANCE |
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| <p>1. 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>67. (4) 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>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:</p> <p>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.</p> |
| <p>Inspection Finding</p> <p>As part of the routine inspection, the Inspector spoke to staff and reviewed the Licensee's documented investigations of an incident of alleged financial abuse and an incident of alleged neglect. The Inspector found that the home did not follow the Licensee's zero tolerance of abuse and neglect policy as there was a lack of evidence to support that a resident's substitute decision-maker was notified of the results of the investigation immediately upon the completion the investigation and there was a lack of evidence that the other resident's substitute decision-maker was notified of the results of the investigation at all. In addition, the Licensee failed to report the incident alleging neglect to the Registrar, as required. The Licensee failed to ensure their zero tolerance of abuse and neglect policy was complied with fully.</p> |

Outcome

The Licensee submitted a plan to achieve compliance by December 2, 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. 59; Procedure for complaints to licensee.

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

59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

- 4. A response shall be made to the person who made the complaint, indicating,
 - i. what the licensee has done to resolve the complaint,
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.
- 2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.
- 3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

- (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;
- (d) the final resolution, if any, of the complaint;
- (e) every date on which any response was provided to the complainant and a description of the response.

Inspection Finding

The Inspector reviewed the Licensee’s complaints log and policy and found that recent documented complaints to the home were not compliant and that the Licensee did not fully comply with the home’s complaints policy in the management of the complaints. Specifically, there was insufficient evidence that all the complaints were resolved if possible within 10 business days and for those complaints that could not, that an acknowledgment of receipt of the complaint be provided, the types of actions taken to resolve the complaints, including dates and times and time frames for those actions, dates which responses were provided to the complainant to indicate what the home has done to resolve the complaint, whether the complaint was unfounded and the reasons for the belief, and descriptions of the responses. The Inspector confirmed the Licensee failed to fully comply with their complaints policy.

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.

3. 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):

- 27. (5)** The licensee of a retirement home shall ensure that,
 (0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home.

Inspection Finding

The Inspector interviewed staff and found that resident temperatures and symptom screening had not been completed once daily since June 2022. It was confirmed that the Licensee failed to follow the Chief Medical Officer of Health and the Ministry of Health's recommendations outlined in the updated COVID-19 Guidance.

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

Inspection Finding

The Inspector reviewed the Licensee's records of testing for their emergency plans and interviewed staff and found that the testing for situations involving the loss of essential services, missing residents, violent outbursts and medical emergencies had not been completed annually. In addition, the Licensee was unable to provide evidence that a full evacuation was completed every two years as required.

Outcome

The Licensee submitted a plan to achieve compliance by December 2, 2022. 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. 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.

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).

Inspection Finding

The Inspector reviewed a sample of staff training records as part of the routine inspection as well as follow up on areas of previously cited non-compliance. The Inspector found that a staff member did not complete annual training in the majority of the required areas. The Licensee failed to ensure that staff were trained as required.

Outcome

The Licensee submitted a plan to achieve compliance by December 2, 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>.

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| <p>Signature of Inspector</p> <p style="text-align: center;"><i>Tania Buko</i></p> | <p>Date</p> <p style="text-align: center;">November 15, 2022</p> |
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