

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

Inspection Information	
Date of Inspection: October 19, 2022	Name of Inspector: Jennifer Sarkis
Inspection Type: Routine Inspection	
Licensee: Tufford Manor Retirement Residence Limited / 312 Queenston Street, St.Cathrines, ON L2P 2X4 (the "Licensee")	
Retirement Home: Tufford Manor / 312 Queenston Street, St. Catharines, ON L2P 2X4 (the "home")	
Licence Number: S0471	

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>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</p> <p>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. (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>
<p>Inspection Finding</p> <p>The inspector reviewed a sample of resident care files and found that 2 residents did not have their plans of care approved appropriately, as there was no evidence that the plans had been approved by the residents or their substitute decision makers. Additionally, 2 residents plans of care required re-assessments to include behaviors they have been exhibiting as noted by staff in the communication logs. The Licensee failed to ensure that all resident assessments and plans of care had been completed as required.</p>
<p>Outcome</p> <p>The Licensee has demonstrated it has taken corrective action to achieve compliance.</p>

2. 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

During the inspection, the inspector observed one staff member in common spaces and several times throughout the home, not wearing a mask. The Licensee failed to ensure that, any guidance, advice or recommendations given by the Chief Medical Officer of Health are followed.

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>.

Signature of Inspector		Date	December 8, 2022
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