
COMPLIANCE ORDER TO BE MADE AVAILABLE IN HOME

Pursuant to the *Retirement Homes Act, 2010* S.O. 2010, Chapter 11, section 90.

Oxford SC Walford Thunder Bay
o/a The Walford Thunder Bay
20 Pine Street, Thunder Bay, ON P3A 5W4

COMPLIANCE ORDER NO. 2023-N0497-90-01 – THE WALFORD THUNDER BAY

Under section 90 of the *Retirement Homes Act, 2010* (the “Act”), the Deputy Registrar of the Retirement Homes Regulatory Authority (the “Deputy Registrar” and the “RHRA”, respectively) may serve an order on a licensee ordering it to refrain from doing something, or to do something, for the purpose of ending the contravention and achieving compliance, ensuring that the contravention is not repeated, and that compliance is maintained. The Deputy Registrar issues this Compliance Order (the “Order”) to ensure Oxford SC Walford Thunder Bay (the “Licensee”) operating as The Walford Thunder Bay (the “Home”) comes into compliance with the Act and Ontario Regulation 166/11 under the Act (the “Regulation”)

CONTRAVENTIONS

The Deputy Registrar has reasonable grounds to believe that the Licensee contravened the following sections of the Act:

- that the Licensee contravened sections 62(9)1 and 62(12) of the Act by failing to reassess residents and revise plans of care every six months and by failing to ensure that plans of care are approved by the resident or the resident’s substitute decision maker;
- the Licensee contravened sections 43(1), 44(1), 47(1)&(2) and 48(1)(b) of the Regulation by failing to ensure that initial and full resident assessments were conducted in the required time frame and failing to ensure that resident’s plans of care are approved by a person acting under the supervision of a member of the College of Nurses (CNO) or College of Physicians and Surgeons (CPSO);
- that the Licensee contravened section 65(2)(a)-(d) and 65(2)(f)-(h) of the Act and 27(9)(a) and (b), 29(c) and (e) and 14(2) of the Regulation with respect to staff training and annual re-training of staff;
- the Licensee contravened sections 24(5)(a) and (b) of the Regulation by failing to test the emergency plan on an annual basis and failing to conduct a planned evacuation of the home at least once every two years.

BRIEF SUMMARY OF FACTS

This Order is issued due to findings of non-compliance by the Licensee during an RHRA inspection conducted on May 25, 2022.

Areas of identified non-compliance include: failure to reassess residents and revise plans of care every six months, failure to ensure that initial and full resident assessments were conducted in the required time frame and failing to ensure that resident's plans of care are approved by a person acting under the supervision of a member of the College of Nurses (CNO) or College of Physicians and Surgeons, failure to ensure staff have the required training and failure to test the emergency plan and conduct a planned evacuation at least once every two years.. Several of these failures were cited on two consecutive inspections, despite the Licensee having provided a corrective action plan to the first inspection.

The Deputy Registrar has determined that this Order is appropriate to help ensure the Licensee achieves and maintains compliance with the Act and Regulation.

REQUIRED ACTION

Pursuant to section 90 of the Act, the Deputy Registrar orders the Licensee to immediately comply with the following:

1. Demonstrate, by February 2, 2023, that all residents of the Home have been appropriately assessed as required by section 62 of the Act and that all residents of the Home have up-to-date Plans of Care;
2. Ensure by February 2, 2023, that resident's plans of care are approved by a person acting under the supervision of a physician or nurse or if a resident's assessment indicates that the resident needs dementia care, skin/wound care or the use of a personal assistance services device, ensure that the resident's plan of care is approved by a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.
3. Ensure, by February 10, 2023, that all Resident Plans of Care are approved by the Resident, or Substitute Decision Maker (SDM) if the resident is not capable;
4. Ensure that by February 2, 2023, that all staff have been trained in the areas required by 65(2) of the Act and 27(9) and 29 of the Regulation and that all staff have had their annual retraining and be able to produce evidence of that training.
5. Demonstrate by February 2, 2023, that the Home's emergency plan has been tested, whether through an actual incident or through a tabletop exercise in all required areas under 24(5)(a) of the Regulation.
6. Produce proof that you have conducted, within the preceding two years, a planned evacuation of the Home as required by 24(5)(b) of the Regulation. If an evacuation has not been conducted in the preceding two years, conduct an evacuation in the timeframe set out by the RHRA Compliance Monitor.
7. Provide evidence through written reports to the RHRA Compliance Monitor that it has complied with actions 1-6 set out above. The Licensee must submit these reports at such regularity as is determined by the Compliance Monitor.

Issued on January 6, 2023