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

| Inspection Information | |
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| **Date of Inspection:** January 5, 2023 | **Name of Inspector:** Shyla Sittampalam, RN |
| **Inspection Type:** Routine Inspection | |
| **Licensee:** 1902347 Ontario Ltd / 1 Chippenham Lane, Markham, ON L6B 1L6 (the "Licensee") | |
| **Retirement Home:** Birdsilver Gardens Senior Support Centre / 16 Birdsilver Gardens, Scarborough, ON M1C 4M5 (the "home") | |
| **Licence Number:** T0389 | |

| Purpose of Inspection |
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| The RHRA conducts routine inspections as set out in section 77(3) 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; Contents of plan.**
   **The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.**

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

**62. (4)** The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

(b) the planned care services for the resident that the licensee will provide, including,

(i) the details of the services,

(ii) the goals that the services are intended to achieve,

(iii) clear directions to the licensee's staff who provide direct care to the resident.

**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:

1. The resident or the resident's substitute decision-maker.

**Inspection Finding**

The inspector reviewed a sample of resident care files and found two resident plans of care that did not include goals, details and clear direction to staff for all the care services provided to the residents. Furthermore, there was no evidence to demonstrate approval of the plans of care by the resident or substitute decision maker.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**2. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.**
**The Licensee failed to comply with O. Reg. 166/11, s. 29; Administration of drugs or other substances.**
**The Licensee failed to comply with O. Reg. 166/11, s. 32; Records.**

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

**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).

**29.** If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

(i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,

(ii) the safe disposal of syringes and other sharps,

(iii) recognizing an adverse drug reaction and taking appropriate action;

(c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug;

(d) a member of a College, as defined in the Regulated Health Professions Act, 1991, supervises the administration of the drug or other substance to the resident in the home.

**32.** If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

(b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991.

**Inspection Finding**

At the time of inspection, the Licensee was unable to demonstrate evidence of training in medication administration. In addition, the Licensee failed to ensure that there were corresponding physician orders for all medications administered to the residents.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**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. (2)** The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.

**27. (3)** The licensee shall keep a written record of the consultation required under subsection (2) that shall include a record of when the consultation took place, what was discussed and any recommendations that the local medical officer of health or designate made.

**Inspection Finding**

The Licensee was unable to provide evidence of an annual consultation with the local medical officer of health or designate.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**4. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.**
**The Licensee failed to comply with O. Reg. 166/11, s. 26; Emergency plan, retirement home with 10 or fewer residents.**

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,

(iii) medical emergencies,

(iv) violent outbursts;

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

**26.** The emergency plan for a retirement home that has the capacity to accommodate 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:

4. The plan shall require that resources, supplies and equipment vital for the emergency response are set aside, readily available at the home and tested regularly to ensure that they are in working order.

**Inspection Finding**

The Licensee was unable to provide evidence of testing of their emergency plans including: loss of essential services, missing residents, medical emergencies, violent outbursts and a planned evacuation. The Licensee was unable to provide current arrangements with community agencies and resources that would be involved in responding to an emergency. Furthermore, the Licensee was unable to provide evidence of regular testing of resources, supplies and equipment vital for an emergency response to ensure they are in working order.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 68; Restraints prohibited.**

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

**68. (1)** No licensee of a retirement home and no external care providers who provide care services in the home shall restrain a resident of the home in any way, including by the use of a physical device or by the administration of a drug except as permitted by section 71.

**Inspection Finding**

At the time of inspection, the inspector found a resident in a wheelchair restrained with the use of a physical device of which the resident expressed they would not be physically able to release oneself. The Licensee failed to ensure a resident was not restrained by a physical device.

**Outcome**

The Licensee must take corrective action to achieve compliance.

## 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<br>January 25, 2023 |
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