

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

Inspection Information	
Date of Inspection: January 11, 2023	Name of Inspector: Julie Hebert
Inspection Type: Routine Inspection	
Licensee: Nine Mile Villa Inc. / 469 Inglis Street, Lucknow, ON N0G 2H0 (the "Licensee")	
Retirement Home: Nine Mile Villa Inc. / 469 Inglis Street, Lucknow, ON N0G 2H0 (the "home")	
Licence Number: S0419	

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; Contents of plan. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care. 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. (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,</p> <ul style="list-style-type: none"> (b) the planned care services for the resident that the licensee will provide, including, <ul style="list-style-type: none"> (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; (a) the care services that are part of a package of care services that the resident is entitled to receive under the resident’s agreement with the licensee, whether or not the resident receives the services; <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> <ul style="list-style-type: none"> 1. The resident or the resident’s substitute decision-maker. <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> <ul style="list-style-type: none"> (b) the resident’s care needs change or the care services set out in the plan are no longer necessary;

Inspection Finding

As part of the routine inspection, the inspector reviewed a sample of resident charts including progress notes and plans of care. The inspector found that several of the plans of care for residents had been approved initially by the resident, but any subsequent updates did not have an indication of approval. Four of the plans of care did not include all eligible and utilized care services nor did they include clear directions for staff on how to complete those care services. Lastly, the plans of care did not demonstrate that the residents were reassessed as care needs changed or at the minimum time frame of six months. The inspector confirmed that the Licensee failed to ensure that all resident plans of care had been completed, approved, and updated as required.

Outcome

The Licensee submitted a plan to achieve compliance by February 15, 2023. 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. 14; Staff training.

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).

Inspection Finding

The inspector reviewed the home's records for medication administration training for both orientation for relevant new staff and annual training for staff hired prior to 2022. The inspector found that there was no proof of annual training for two staff members. The Licensee failed to ensure that staff were trained as required.

Outcome

The Licensee submitted a plan to achieve compliance by February 15, 2023. 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. 65; Training.
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. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,
(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

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. (1) For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure that all staff who work in the home receive training in the procedure described in subsection 73 (1) of the Act for a person to complain to the licensee.

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 training records in the areas of Zero tolerance of abuse, Bill of Rights, Infection control, Whistle Blower protection, PASDs, Fire prevention and safety, Complaints, and Behaviour management. The inspector reviewed not only records for staff hired in 2022 to determine compliance with orientation training, but also a sample of training records for those hired prior to 2022 to determine compliance with annual training in these areas. The inspector found that the orientation training for staff did not include training on the home's complaints and PASD policies. For the annual training files reviewed, one staff did not have a record of training in any areas and the annual training was missing the complaints and PASD policies for all. The home was not able to determine that orientation and annual training was being completed in alignment with the regulations.

Outcome

The Licensee submitted a plan to achieve compliance by February 15, 2023. 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. The Licensee failed to comply with O. Reg. 166/11, s. 25; Emergency plan, retirement home with more than 10 residents.

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;

25. (3) The licensee shall ensure that the emergency plan provides for the following:

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

Inspection Finding

The inspector reviewed the Licensee’s records of testing for their emergency plans and found that the testing for situations involving the loss of essential services, a missing resident, medical emergencies, and violent outbursts had not been completed within the previous 12 months. In addition, there was no evidence that the home had tested in the previous 12 months, the resources and equipment sent aside in the case of emergency. The Licensee failed to ensure that testing was done annually as required.

Outcome

The Licensee submitted a plan to achieve compliance by February 15, 2023. 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 <i>Julie Hebert</i>	Date January 31, 2023
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