

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

Inspection Information	
<b>Date of Inspection:</b> January 10, 2023	<b>Name of Inspector:</b> Julie Hebert
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Owen Sound Gardens Retirement Residence Limited Partnership / 1594 16th Avenue East, Unit 5, Owen Sound, ON N4K 5N3 (the "Licensee")	
<b>Retirement Home:</b> Owen Sound Gardens Retirement Residence / 1545 14th Street, Owen Sound, ON N4K 0J1 (the "home")	
<b>Licence Number:</b> S0545	

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><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 67; Contents.</b>  <b>The Licensee failed to comply with O. Reg. 166/11, s. 15; Policy of zero tolerance of abuse and neglect.</b>  <b>The Licensee failed to comply with O. Reg. 166/11, s. 57; Prohibition on borrowing, etc..</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>67. (5)</b> At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,            (a) clearly set out what constitutes abuse and neglect;            (d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;</p> <p><b>15. (1)</b> The program for preventing abuse and neglect described in clause 67 (5) (c) of the Act shall entail training and retraining requirements for all staff of the retirement home, including,            (a) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care;            (b) situations that may lead to abuse and neglect and how to avoid such situations.</p> <p><b>15. (3)</b> The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,            (d) subject to subsection (4), provide that the licensee of the retirement home shall ensure that the resident's substitute decision-makers, if any, and any other person specified by the resident,</p>

- (i) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a resident's health or well-being,
- (ii) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident;
- (g) provide that the licensee of the retirement home shall ensure that,
  - (i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,
  - (ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,
  - (iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),
  - (iv) the changes and improvements mentioned in subclause (ii) are promptly implemented,
  - (v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.
- (e) subject to subsection (4), provide that the licensee of the retirement home shall ensure that the resident and the resident's substitute decision-makers, if any, are notified of the results of an investigation described in clause 67 (5) (e) of the Act immediately upon the completion of the investigation;

**57.1, (1)**

- (a) borrow money or other property from a resident;
- (b) receive or hold a resident's money or other property except in accordance with section 72 of the Act or for the payment of rent, care services or other legitimate charges connected to the retirement home.

**Inspection Finding**

As part of the home's first Routine Inspection, the inspector requested a copy of the home's zero tolerance of abuse policy. The policy presented on the date of inspection did not contain compliant definitions of abuse, the explanation under s. 75 of the Act to report certain matters to the Registrar, the requirement for staff to be trained on power imbalances and situations that may lead to abuse, the requirement to report certain matters to a residents' substitute decision maker either immediately or within 12 hours, the requirement to report certain matters to the police immediately, the requirement to notify the resident or substitute decision makers immediately of the results of any relevant investigations, the requirement to complete an analysis of any instances of abuse and the requirement that staff, external care providers, or volunteers must not borrow money from a resident. The home was not able to demonstrate they had a compliant zero tolerance of abuse policy.

**Outcome**

The Licensee submitted a plan to achieve compliance by February 10, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

**2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Procedure for complaints to licensee.**

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

**73. (1)** Every licensee of a retirement home shall ensure that there is a written procedure for a person to complain to the licensee about the operation of the home and for the way in which the licensee is required to deal with complaints.

**Inspection Finding**

As part of the home's first Routine Inspection, the inspector requested a copy of the home's Complaint policy. The policy presented to the inspector did not include the direction articulated under O.Reg 59(1) including that complaints involving harm or risk of harm must be investigated immediately, the time frame and procedures in which a home must respond to a complaint. The home was not able to demonstrate they had a compliant Complaints policy.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance.

**3. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.**

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

**23. (1)** Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;

(d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.

**23. (2)** The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.

**Inspection Finding**

As part of the home's first Routine Inspection, the inspector requested a copy of the home's Behaviour Management policy. The policy presented to the inspector did not include strategies for heightened monitoring for those residents experiencing responsive behaviours, instructions for how staff and volunteers will report and be informed of residents who pose a risk to self or others, and that staff and volunteers will be informed at the beginning of their shift of these behaviours. The home was not able to demonstrate they had a compliant Behaviour Management policy.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance.

**4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.**

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

- 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,
- (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 plans of care. The inspector found that eight of the resident plans of care had not been updated the minimally within six months and two of the plans of care had not been updated as those residents needs changed regarding assistance with daily living.

**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.

**5. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; 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,
- (b) the licensee’s policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;
  - (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

- 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.

**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 to determine compliance with orientation training in these areas. The inspector found that the orientation training for staff did not include the home's policies for zero tolerance of abuse, complaints procedures, and PASDs. The home was not able to determine that orientation training was being completed in alignment with the regulations.

**Outcome**

The Licensee submitted a plan to achieve compliance by February 10, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

**6. 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):

**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**

As part of the Routine Inspection, the inspector reviewed the resources, supplies and equipment vital for the emergency response and found that the home had not had these set aside in a readily available location.

**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 <i>Julie Hebert</i>	Date January 31, 2023
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