RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: January 27, 2023	**Name of Inspector:** Angela Butler
Inspection Type: Routine Inspection	
Licensee: Steeves and Rozema Enterprises Limited / 265 Front Street North, Sarnia, ON N7T 7X1 (the "Licensee")	
Retirement Home: Rosewood Village / 711 Indian Road, Sarnia, ON N7T 7Z5 (the "home")	
Licence Number: S0126	

Purpose of Inspection
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 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, (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home; (b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home; (c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;
Inspection Finding As part of the routine inspection, the inspector reviewed a resident's file who exhibited behaviours that cause a risk of harm to others. The inspector interviewed staff members and reviewed the resident's plan of care, progress notes and notes in the communication log. The inspector found that the resident exhibits behaviours that pose a risk to themselves and others in the home and the Licensee had not implemented behaviour monitoring including techniques, strategies or interventions in the resident's plan of care.
Outcome The Licensee has demonstrated it has taken corrective action to achieve compliance.
2. 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; Assessment of resident.
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. (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. (6) The licensee shall ensure that the plan of care is based on an assessment of the resident and the needs and preferences of the resident.

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

The inspector reviewed a sample of resident care files and found that all residents' plans of care did not include, goals, interventions, and clear directions to staff who provide direct care to the residents. Furthermore, their plans of care were not based on the needs and preferences of the resident. Also, 1 resident did not have their plans of care updated when their care needs changed. The Licensee failed to ensure that plans of care were in compliance with the legislation.

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. 24; Emergency plan, general.

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.

Inspection Finding

As part of the routine inspection, the inspector reviewed memorandums of understanding with community partners in case of an emergency for transportation and found that it had not been updated since 2021. The Licensee failed to keep all arrangements with community partners up to date annually.

Outcome

The Licensee has demonstrated it has taken 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 Angela Butler RN	Date February 13, 2023