

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

Inspection Information	
Date of Inspection: March 7, 2023	Name of Inspector: Angela Butler
Inspection Type: Routine Inspection	
Licensee: Amica Mature Lifestyles Inc. / Style de Vie Amica Inc. / 20 Queen Street, Toronto, ON M5H 3R4 (the "Licensee")	
Retirement Home: Amica London / 517 Fanshawe Park Road , London, ON N6G 0C1 (the "home")	
Licence Number: S0101	

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 O. Reg. 166/11, s. 23; Behaviour management.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> (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;
<p>Inspection Finding</p> <p>As part of the routine inspection, the inspector reviewed a resident's file who exhibited behaviours that posed a risk of harm to themselves or others. The inspector reviewed the resident's plan of care, and progress notes. The inspector found the Licensee failed to implement behaviour monitoring including techniques, strategies, or interventions in the resident's care plan.</p>
<p>Outcome</p> <p>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.</p>
<p>2. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p>

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

- 27. (5)** The licensee of a retirement home shall ensure that,
 - (0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home;

Inspection Finding

During the routine inspection, the inspector reviewed the home's IPAC consultation with Public Health and found they had received direction from Public Health to establish their own system for conducting active screening for visitors on entry to the home. Furthermore, the guidance from the CMOH indicates screening of residents daily including temperatures. The home provided temperature logs which were inconsistent and there was no documentation of screening. The Licensee failed to follow Public Health's recommendations for screening on entry to the home and the CMOH guidance for screening residents daily.

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.

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.
- 24. (5)** The licensee shall,
 - (c) keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan.

Inspection Finding

The inspector reviewed emergency plan testing and arrangements with community partners for emergencies as part of the routine inspection. The Licensee provided documentation that included two shelters one of which was the Licensee themselves and the other two hours away. Both of which are unacceptable in an emergency situation. The Licensee also failed to explain the scenario and how the home walked through its policies to show what steps they would take in each emergency situation. The Licensee failed to keep current arrangements with community partners and to provide adequate documentation for emergency testing.

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.

4. 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. (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

(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 5 resident care files and found that 1 resident's plan of care did not include the resident's needs and preferences and the other resident's plan of care had not been updated when their care needs changed. The Licensee failed to ensure that all resident plans were in compliance with the legislation.

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 O. Reg. 166/11, s. 59; Procedure for complaints to licensee.

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

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

(a) the nature of each verbal or written complaint;

(b) the date that the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any, of the complaint;

(e) every date on which any response was provided to the complainant and a description of the response;

(f) any response made in turn by the complainant.

59. (3) The licensee shall ensure that,

(a) the written record is reviewed and analyzed for trends at least quarterly;

Inspection Finding

The inspector reviewed the Licensee's complaints log and noted that the complaints did not have a compliant written record. Specifically, the record of the complaints did not include the dates on which responses were provided to the complainant and descriptions of the responses, as well as the responses made in turn by the complainant. Furthermore, the home failed to analyze for trends quarterly. The Licensee failed to ensure that their written records of complaints included all the required elements.

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		RN	Date March 29, 2023
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