

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

Inspection Information	
Date of Inspection: March 23, 2023	Name of Inspector: Douglas Crust
Inspection Type: Routine Inspection	
Licensee: Chartwell Master Care Corporation / 7070 Derrycrest Drive, Mississauga, ON L5W 0G5 (the "Licensee")	
Retirement Home: Chartwell Heritage Glen Retirement Residence / 6509 Glen Erin Drive, Mississauga, ON L5N 8P9 (the "home")	
Licence Number: T0077	

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. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>24. (5) The licensee shall,</p> <p style="padding-left: 40px;">(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,</p> <p style="padding-left: 80px;">(i) the loss of essential services,</p> <p style="padding-left: 80px;">(ii) situations involving a missing resident,</p> <p style="padding-left: 80px;">(iv) violent outbursts;</p> <p>25. (3) The licensee shall ensure that the emergency plan provides for the following:</p> <p style="padding-left: 40px;">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.</p>
<p>Inspection Finding</p> <p>The Licensee was not able to produce evidence of annual testing of certain parts of the emergency plan in 2022, as prescribed. The evidence showed that the kit of emergency supplies, equipment and resources set</p>

aside for use in an emergency was not tested regularly, as prescribed. The Licensee failed to meet all of the requirements related to emergency plan testing.

Outcome

The Licensee submitted a plan to achieve compliance by May 5, 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. 59; Procedure for complaints to licensee.

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

59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

- 4. A response shall be made to the person who made the complaint, indicating,
 - i. what the licensee has done to resolve the complaint,
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.
- 1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
- 2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.
- 3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.

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

- (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;

Inspection Finding

The inspector reviewed the Licensee's complaint records. The records did not demonstrate that all complaints were dealt with as prescribed. Specifically, there was insufficient documentation to demonstrate that some complaints were investigated and responded to, and that a response regarding each complaint was provided to each complainant, and within the timeframe prescribed. In addition, the records failed to include each of the details associated with each complaint which are required. The Licensee failed to meet the requirements related to responding to, and documenting, complaints.

Outcome

The Licensee submitted a plan to achieve compliance by April 12, 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 O. Reg. 166/11, s. 14; Staff training.
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):

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

(f) fire prevention and safety;

(g) the licensee's emergency evacuation plan for the home mentioned in subsection 60 (3);

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).

27. (9) The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,

(a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items;

(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

Inspection Finding

The inspector reviewed a sample of staff training records. The evidence indicated that three staff members from the sample did not complete some of the required training prior to commencing to work in the Home. In addition, two staff members from the sample did not complete annual training in behaviour management in 2022, as prescribed. The Licensee failed to ensure that all staff were trained, as required.

Outcome

The Licensee submitted a plan to achieve compliance by April 24, 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 	Date April 4, 2023
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