

FINAL INSPECTION REPORT

Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: March 28, 2023	Name of Inspector: Mark Dennis
Inspection Type: Routine Inspection	
Licensee: Dome Porcupine Transitional Living Centre / 200 Bruce Avenue, South Porcupine, ON P0N 1H0 (the "Licensee")	
Retirement Home: Spruce Hill Lodge / 200 Bruce Avenue, South Porcupine, ON P0N 1H0 (the "home")	
Licence Number: N0090	

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.</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> <p style="padding-left: 40px;">(b) the planned care services for the resident that the licensee will provide, including,</p> <p style="padding-left: 80px;">(i) the details of the services,</p> <p style="padding-left: 80px;">(ii) the goals that the services are intended to achieve,</p> <p style="padding-left: 80px;">(iii) clear directions to the licensee's staff who provide direct care to the resident;</p> <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> <ol style="list-style-type: none"> 1. The resident or the resident's substitute decision-maker. 2. The prescribed person if there is a person prescribed for the purpose of this paragraph.
<p>Inspection Finding</p> <p>The inspector reviewed several resident plans of care. There is a requirement that plans of care must include the list of care services, clear directions to staff providing the care services and outcomes of the care service. Further, plans of care must be approved by a Regulated Health Professional and the resident or their substitute decision maker. The Licensee failed to complete the plans of care in the prescribed manner.</p>

<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p>2. The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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).</p>
<p>Inspection Finding</p> <p>There is a requirement that those staff members administering medications must receive annual training. The Inspector reviewed staff training records and identified two staff members that have not received the prescribed annual training.</p>
<p>Outcome</p> <p>The Licensee must take corrective action to achieve compliance.</p>
<p>3. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.</p> <p>The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,</p> <ul style="list-style-type: none"> (a) the Residents’ Bill of Rights; (b) the licensee’s policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents; (c) the protection afforded for whistle-blowing described in section 115; (d) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents; <p>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.</p> <p>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,</p> <ul style="list-style-type: none"> (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 staff training records. There is a requirement that new hires must immediately complete training in complaint procedures, infection prevention and control, resident bill of rights, zero tolerance of abuse and neglect, whistle-blowing protection and personal assistance service devices. The Inspector identified one staff member who had not completed the mandatory new hire training as prescribed.

Outcome

The Licensee must take corrective action to achieve compliance.

4. 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):

- 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

The Chief Medical Officer of Health for the Province of Ontario requires that all staff working in a home must wear surgical masks to help stop the spread of COVID-19. During the inspection the Inspector observed that no staff were wearing surgical masks.

Outcome

The Licensee must take corrective action to achieve compliance.

5. 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;

(b) at least once every two years, conduct a planned evacuation of the retirement home;

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

During the inspection the Inspector reviewed the home emergency plan. There is a requirement that the home must test the emergency plan annually for loss of essential service, missing resident, medical emergency and violent outbursts. Further, the home must complete a full evacuation of the home, once every two years. The home must keep resources and supplies readily available and test those supplies regularly. The home failed to test the emergency plan, conduct a full evacuation drill, and regularly test supplies as prescribed.

Outcome

The Licensee must take corrective action to achieve compliance.

6. The Licensee failed to comply with O. Reg. 166/11, s. 17; Cleanliness.

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

17. (3) The licensee shall document the routines and methods used to comply with subsections (1) and (2).

Inspection Finding

There is a requirement that home must keep documentation demonstrating routines and methods used to clean common area's in the home. During the inspection the home was unable to provided the prescribed documents.

Outcome


The Licensee must take 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 	Date April 14, 2023
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