

FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

Inspection Information

Date of Inspection: March 30, 2023 | **Name of Inspector:** Douglas Crust

Inspection Type: Routine Inspection

Licensee: Schlegel Villages Inc. / 325 Max Becker Drive, Kitchener, ON N2E 4H5 (the "Licensee")

Retirement Home: The Village of Humber Heights / 2245 Lawrence Avenue West, Etobicoke, ON M9P 3W3

(the "home")

Licence Number: T0131

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

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.

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

- <u>62. (4)</u> 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. (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:
 - 1. The resident or the resident's substitute decision-maker.

Inspection Finding

The inspector reviewed a sample of resident care files. For two of the residents, there was no evidence that a copy of the plan was provided to their substitute decision makers. The plan did not address the residents' needs for medication administration, although the assessments indicated that staff administer their medications. For another resident, there was no evidence that a copy of the plan of care was provided to the resident. The Licensee failed to ensure that all requirements related to resident plans of care were met, as prescribed.

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Outcome

The Licensee submitted a plan to achieve compliance by May 21, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going 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,
 - (d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;
- <u>65. (4)</u> The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.
- **14. (2)** For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.
- **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).

Inspection Finding

The inspector reviewed a sample of staff training records. The evidence presented showed that four staff members had not been trained on the Licensee's personal assistance services devices policy prior to commencing to work in the Home. In addition, two staff members failed to complete all of the required annual training in 2022. The Licensee failed to ensure that staff were trained as required.

Outcome

The Licensee provided information indicating that corrective action was being taken, however, further action must be taken to achieve compliance with all areas outlined in the finding. 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. (5) The licensee shall,

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(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;

Inspection Finding

The inspector reviewed the Licensee's records of testing for their emergency plans. The documentation presented did not clearly demonstrate that the plans in the listed areas had been tested in 2022, and indicated instead that staff had been trained. The Licensee failed to ensure that testing was completed annually as required.

Outcome

The Licensee submitted a plan to achieve compliance by May 21, 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
Sof.	April 24, 2023

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