

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

Inspection Information	
<b>Date of Inspection:</b> March 29, 2023	<b>Name of Inspector:</b> Mark Dennis
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> 823752 Ontario Ltd. / 1758 LaSalle Boulevard, Sudbury, ON P3A 5W4 (the "Licensee")	
<b>Retirement Home:</b> Lasalle Residence / 455 Cedar Street, Timmins, ON P4N 8K4 (the "home")	
<b>Licence Number:</b> N0507	

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><b>1. The Licensee failed to comply with O. Reg. 166/11, s. 23; Behaviour management.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>23. (1)</b> Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,</p> <ul style="list-style-type: none"> <li>(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;</li> <li>(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;</li> <li>(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;</li> </ul>
<p><b>Inspection Finding</b></p> <p>During the inspection, the Inspector learned that there was a resident displaying aggressive behaviours that posed a risk of harm to others in the home. Should a resident display such behaviours, the home Behaviour Management policy directs that the home must document and implement behaviour management strategies and techniques and include heightened monitoring practices. The Licensee failed to implement the behaviour management policy.</p>
<p><b>Outcome</b></p> <p>At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.</p>
<p><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Plan of care.</b></p>

**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. (1)** When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.

**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,

**Inspection Finding**

The Inspector reviewed numerous resident plans of care. There is a requirement that plans of care must be completed for all residents and must be reassessed at least once every 6 months. The Inspector learned 3 residents did not have a plan of care and one resident had a plan of care that had not been revised within the previous 6 months. The Licensee failed to complete plans of care as prescribed.

**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. 27; Infection prevention and control program.**

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

**27. (2)** The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.

**27. (3)** The licensee shall keep a written record of the consultation required under subsection (2) that shall include a record of when the consultation took place, what was discussed and any recommendations that the local medical officer of health or designate made.

**Inspection Finding**

There is a requirement that a local public health representative must complete an annual review of the homes infection, prevention and control program. The Licensee was unable to demonstrate that this annual review was completed within the prescribed time.

**Outcome**

The Licensee submitted a plan to achieve compliance by April 25, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

**4. 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. (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,

(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:

- 1. Dealing with,
  - v.1 epidemics and pandemics,

**Inspection Finding**

During the inspection, the Inspector reviewed the homes emergency plan. There is a requirement that the home must have written agreements with community partners that would respond to the home in the event of an emergency. These agreements must be reviewed annually. Further, the home must test and provide documentation of that testing as it relates to loss of essential services, medical emergency, missing resident and violent outbursts. The plan must include a plan for epidemics and pandemics and the home must complete a full evacuation of the home every 2 years. The home was unable to demonstrate these requirements were completed as prescribed.

**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.

**5. The Licensee failed to comply with O. Reg. 166/11, s. 21; Hazardous substances.**

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

**21. (2)** Every licensee of a retirement home shall ensure that all hazardous substances used by staff of the home or under their control are labelled properly and are kept inaccessible to residents at all times.

**Inspection Finding**

There is a requirement that the home must keep hazardous substances, used by the home, inaccessible to residents at all times. During the inspection, the Inspector located hazardous substances in a room that was accessible to residents.

**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.

**6. 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. (4)** 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.

**Inspection Finding**

During the inspection, the Inspector reviewed staff training records. There is a requirement that all staff must complete annual training in the homes Zero Tolerance of Abuse and Neglect policy, Complaint Procedures, Personal Assistance Service Devices and Fire Safety. There was one employee who had not completed this annual training as prescribed.

**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.

**7. 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):

**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**

During the inspection, the Inspector reviewed staff training records for those staff who administer medications. The Inspector identified one staff members who had not completed the annual training as prescribed.

**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>.

<p>Signature of Inspector</p> 	<p>Date</p> <p>April 25, 2023</p>
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