

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

Inspection Information	
<b>Date of Inspection:</b> 2/21/2023	<b>Name of Inspector:</b> Shara Bundy
<b>Inspection Type:</b> Responsive Inspection – Mandatory Report	
<b>Licensee:</b> ACC-003065 - Schlegel Villages Inc.	
<b>Retirement Home:</b> The Village of Humber Heights	
<b>License Number:</b> T0131	

#### About Responsive Inspections

A responsive inspection, performed by an RHRA inspector, is a physical inspection of a licensed retirement home. A responsive inspection is conducted when RHRA receives information that the licensee may have failed to meet the standards of the *Retirement Homes Act, 2010* or its regulations (the “RHA”). An inspection being conducted does not infer that an allegation is substantiated or that a contravention of the RHA has occurred. A licensee is required to report to RHRA if they suspect harm or risk of harm to a resident. During a responsive inspection, an RHRA inspector may observe the operations of the home, interview relevant individuals, review records and other documentation, and determine whether the licensee’s management and staff have followed mandatory policies and practices designed to protect the welfare of residents.

Following a responsive inspection, the RHRA inspector prepares a draft inspection report which is sent to the licensee. The draft report may include instances where the licensee has failed to meet the standards of the *RHA*. If included, the licensee can respond to these instances and is strongly encouraged to inform RHRA of its plans to meet the standards of the *RHA*.

Following the draft report, the RHRA inspector prepares this final inspection report, incorporating any response from the licensee with their plans to meet the standards of the *RHA*. The most recent final inspection report must be posted in the home in a visible and easily accessible location. All final inspection reports from the previous two years must also be made available in an easily accessible location in the home. The licensee must provide a copy of this report to the home’s Residents’ Council, if one exists.

In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.

If there is a serious incident or the licensee repeatedly does not meet the required standards, RHRA may take further action.

#### Concern(s)

*During a responsive inspection, an inspector will focus primarily on the concern(s) which prompted the inspection and may take various actions to determine whether the licensee is compliant with the RHA in relating to the concern(s). Any findings of non-compliance identified in relation to these concerns are listed below.*

#### Concern #1:

##### RHRA Inspector Findings

In review of the residents’ health files, the inspector found that for one resident, the full Plan of Care was initiated but not completed and did not include the details of the services or directions to the Licensee’s staff who provide direct care to the resident. It was also noted that an assessment of a resident had not been completed since 2020 and that the resident’s Plan of Care was not based on a current assessment of the resident’s needs and preferences as required. The Licensee failed to ensure that assessments and plans of care are completed as required.

##### Outcome

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

#### Concern #2:

##### RHRA Inspector Findings

The inspector reviewed documentation for staff training regarding the Licensee’s policy to promote zero tolerance of abuse and neglect of residents and found that 66 staff members had not completed the required training.

##### Outcome

The Licensee submitted a plan to achieve compliance by Fri May 26 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

#### Concern #3:

##### RHRA Inspector Findings

The inspector reviewed the file of the staff member involved in the alleged incident of staff-to-resident abuse and found that the Licensee failed to obtain a Police Check and Vulnerable Sector Screen for the staff member, as is required by the legislation.

**Outcome**

At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.

**Concern #4:****RHRA Inspector Findings**

The Licensee failed to respond to, and investigate a verbal complaint raised about the care and safety of a resident. Additionally, the Licensee failed to document a report of staff to resident abuse as required. The Licensee failed to fully comply with their complaints policy and procedures.

**Outcome**

The Licensee submitted a plan to achieve compliance by Fri May 05 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Concern #5:****RHRA Inspector Findings**

The Licensee reported to the RHRA that multiple incidents of alleged staff-to-resident abuse and neglect had occurred. The inspector interviewed staff, and a resident's substitute decision maker, as well as reviewed the investigation records of the incident. The inspector confirmed that the Licensee had reason to suspect that the incident may have constituted a criminal offence, however, did not report one of the incidents to the police and the resident's substitute decision maker, as required by their zero tolerance of abuse policy. The Licensee also failed to document the details of the incidents as well as the assessment of the residents in the residents' health file as required. Additionally, the Licensee failed to update the residents or substitute decision makers of the results of the home's investigation into the reported incidents. The Licensee did not ensure their zero tolerance of abuse policy was complied with fully.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance.

**Additional Findings**

*During a responsive inspection, an inspector may observe areas of non-compliance that are not related to the concern(s) which prompted the inspection. In these cases, an inspector may cite the home for these contraventions at the time of this inspection. In addition, an inspector may follow-up on findings of non-compliance from previous inspections. Where the licensee is unable to demonstrate they have come into compliance or maintained compliance, an inspector may cite the home for these repeat contraventions at the time of this inspection.*

**Not Applicable****Current Inspection – Citations**

*Citations relating to the above Concerns or Additional Findings made during the current inspection are listed below.*

**The Licensee failed to comply with the RHA s. 47. (2); Development of plan of care****s. 47. (2); Development of plan of care**

47. (2) No later than 21 days after a resident commences residency in a retirement home, the licensee of the home shall develop a complete plan of care for the resident based on the full assessment of the resident's care needs and preferences conducted under section 44 that takes into account all of the matters that must be considered in a full assessment.

**The Licensee failed to comply with the RHA s. 59. (1); Procedure for complaints to licensee****s. 59. (1); Procedure for complaints to licensee**

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:

**Specifically, the Licensee failed to comply with the following subsection(s):****s. 59. (1), para. 1**

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.

**s. 59. (1), para. 2**

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.

**s. 59. (1), para. 3**

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.

**s. 59. (1), para. 4**

4. A response shall be made to the person who made the complaint, indicating,

**s. 59. (1), para. 4, 1.**

i. what the licensee has done to resolve the complaint,

**s. 59. (1), para. 4**

4. A response shall be made to the person who made the complaint, indicating,

**s. 59. (1), para. 4, 2.**

ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

**The Licensee failed to comply with the RHA s. 59. (2); Procedure for complaints to licensee**

**s. 59. (2); Procedure for complaints to licensee**

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

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

**s. 59. (2), (a)**

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

**s. 59. (2), (b)**

(b) the date that the complaint was received;

**s. 59. (2), (c)**

(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;

**s. 59. (2), (d)**

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

**s. 59. (2), (e)**

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

**s. 59. (2), (f)**

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

**The Licensee failed to comply with the RHA s. 62. (6); Assessment of resident**

**s. 62. (6); Assessment of resident**

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.

**The Licensee failed to comply with the RHA s. 65. (2); Training**

**s. 65. (2); Training**

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

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

**s. 65. (2), (b)**

(b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

**The Licensee failed to comply with the RHA s. 65. (4); On-going training**

**s. 65. (4); On-going training**

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.

**Closed Citations**

*During an inspection, an inspector may follow-up with areas of non-compliance cited during a previous inspection, or verify compliance with areas initially cited during the current inspection. The inspector has verified that at the time of this report, the licensee was able to demonstrate that the following areas have come into compliance.*

**Retirement Homes Act, 2010:**

**s. 62. (12); Reassessment and revision**

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,

**s. 62. (4); Contents of plan**

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,

**s. 62. (4), (b)**

(b) the planned care services for the resident that the licensee will provide, including,

**s. 62. (4), (b), 1.**

(i) the details of the services,

**s. 62. (4); Contents of plan**

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,

**s. 62. (4), (b)**

(b) the planned care services for the resident that the licensee will provide, including,

**s. 62. (4), (b), 3.**

(iii) clear directions to the licensee's staff who provide direct care to the resident;

**s. 64. (1); Hiring staff**

64. (1) A licensee of a retirement home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers to work in the home.

**s. 64. (2); Police background checks**

64. (2) The screening measures shall include a police background check as defined in the regulations, unless the person being screened is under 18 years of age.

**s. 67. (4); Policy to promote zero tolerance**

67. (4) Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.

**Ontario Regulation 166/11:**

**s. 13. (1); Hiring staff and volunteers**

13. (1) The police background check required by section 64 of the Act for a staff member or a volunteer working in a retirement home shall be,

**s. 13. (1), (b)**

(b) conducted within six months before the licensee of the home hires the staff member or accepts the volunteer to work in the home, as the case may be.

**s. 13. (2); Hiring staff and volunteers**

13. (2) The police background check shall include a vulnerable sector screen to determine the person's suitability to be a staff member or volunteer in a retirement home and to protect residents from abuse and neglect.

**s. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (d)**

(d) subject to subsection (4), provide that the licensee of the retirement home shall ensure that the resident's substitute decision-makers, if any, and any other person specified by the resident,

**s. 15. (3), (d), 2.**

(ii) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident;

**s. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (e)**

(e) subject to subsection (4), provide that the licensee of the retirement home shall ensure that the resident and the resident's substitute decision-makers, if any, are notified of the results of an investigation described in clause 67 (5) (e) of the Act immediately upon the completion of the investigation;

**s. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (f)**

(f) provide that the licensee of the retirement home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence;

**NOTICE**

The Final Inspection Report is being provided to the Licensee, the Registrar of 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

*Shara Bundy*

Date

May 12, 2023