

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

Inspection Information	
Date of Inspection: March 8, 2023	Name of Inspector: Shara Bundy
Inspection Type: Routine Inspection	
Licensee: Crescent Hill Place Retirement Home Inc. / 3 Crescent Hill Drive, Brampton, ON L6S 2P2 (the "Licensee")	
Retirement Home: Crescent Hill Place Retirement / 3 Crescent Hill Drive, Brampton, ON L6S 2P2 (the "home")	
Licence Number: T0325	

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; Plan of care. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Contents of plan. The Licensee failed to comply with O. Reg. 166/11, s. 44; Full assessment of care needs. The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>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.</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> <ul style="list-style-type: none"> (b) the planned care services for the resident that the licensee will provide, including, <ul style="list-style-type: none"> (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; (c) if the resident has consented to the inclusion of the information in the plan of care, the planned care services for the resident that external care providers will provide with the consent of the resident, to the extent that such information is available to the licensee after the licensee has taken all reasonable steps to obtain such information from the resident and the external care provider, including, <ul style="list-style-type: none"> (i) the details of the services,

(ii) the goals that the services are intended to achieve;

44. (1) Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident’s care needs and preferences is conducted.

47. (1) Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident’s immediate care needs conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident’s immediate care needs.

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.

Inspection Finding

The Inspector reviewed the files for 5 residents and found that the initial, and full assessments and plans of Care were not completed within the required timeframe, and the Licensee failed to reassess residents, and review and revise the plans of care every 6 months or as care needs change. Additionally, the Licensee failed to ensure that plans of care are approved by the resident or POA and failed to provide evidence that residents and POAs have an opportunity to participate in the development of the plan of care. Further, the Licensee failed to provide evidence that a care conference is completed for those residents that have skin and wound issues, dementia care or use PASDs. The Licensee failed to ensure that assessments and plans of care are completed as required.

Outcome

The Licensee must take corrective action to achieve compliance.

- 2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 53; Agreement required.**
- The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Information for residents.**
- The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 54; Contents.**

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

53. (1) The licensee of a retirement home shall enter into a written agreement with every resident of the home before the resident commences residency in the home.

- 54. (1)** Every licensee of a retirement home shall ensure that,
 - (a) a package of information that complies with this section is given to every resident of the home and to the substitute decision-maker of the resident, if any, before the resident commences his or her residency;
 - (c) the package of information is accurate and revised as necessary;

- 54. (2)** The package of information shall include, at a minimum,
- (a) the Residents’ Bill of Rights;
 - (c) the licensee’s policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;
 - (e) the licensee’s policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents.

Inspection Finding

The inspector reviewed the home's Residency Agreement and Care Home Information Packages (CHIP) for the residents and found that the residency agreements for 3 residents were not completed or signed. The Licensee failed to ensure that the CHIP included the required elements and accurate information and that Residency agreements were completed prior to the residents beginning their residency, as required. Additionally, the Information Packages did not include information regarding the home's zero-tolerance of abuse and neglect policy or the process for reporting abuse or neglect of a resident. Furthermore, the information did not include the current version of Residents' Rights.

Outcome

The Licensee must take correction action to achieve compliance.

- 3. 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. 26; Emergency plan, retirement home with 10 or fewer 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;

26. The emergency plan for a retirement home that has the capacity to accommodate 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:

- 4. The plan shall require that resources, supplies and equipment vital for the emergency response are set aside, readily available at the home and tested regularly to ensure that they are in working order.

Inspection Finding

The Licensee could not provide evidence of current arrangements with community agencies and partner facilities that will be involved in responding to an emergency, as required. Additionally, the Licensee was unable to provide evidence of, on an annual basis at least, testing the emergency plan, including the loss of essential services, situations involving a missing resident, medical emergencies, epidemics and pandemics, and violent outbursts. Furthermore, the Licensee failed to provide documentation of regular testing of the supplies and equipment vital for the emergency response. The Licensee failed to test the home's emergency plan 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.

4. 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. (2) Every licensee of a retirement home shall ensure that bathrooms in common areas of the home that are used by residents are adequately stocked with supplies including toilet paper.

Inspection Finding

During the walkthrough of the home, the inspector found that the common area bathrooms were not supplied with hand soap. The Licensee failed to ensure that bathrooms in common areas of the home that are used by residents are adequately stocked with supplies including toilet paper as required.

Outcome

The Licensee must take corrective action to achieve compliance.

**5. 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,

- (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;
- (f) fire prevention and safety;

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.

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 staff training documentation and interviewed staff and found that one staff failed to complete any of the training upon hire as required.

Outcome

The Licensee must take corrective action to achieve compliance.

6. The Licensee failed to comply with O. Reg. 166/11, s. 22; Risk of falls.

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

22. (4) Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

Inspection Finding

The inspector reviewed falls documentation and found that the Licensee failed to provide evidence of an annual review of the falls risk in the home as required.

Outcome

The Licensee must take corrective action to achieve compliance.

7. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 73; Requirements for procedure.

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

73. (2) The procedure shall comply with the regulations.

Inspection Finding

The inspector reviewed the Complaint Policy and found that the policy did not include all of the areas that are required. The Licensee failed to ensure that the procedures for someone to make a complaint fully comply with the regulations.

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 <i>Shara Bundy</i>	Date May 15, 2023
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