

## FINAL INSPECTION REPORT

### Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: April 17, 2023	Name of Inspector: Tania Buko
Inspection Type: Compliance Inspection	
Licensee: Dayspring Residence Inc / 332787 Plank Line, Tillsonburg, ON N4G 4H1 (the "Licensee")	
Retirement Home: Dayspring Residence / 332787 Plank Line, Tillsonburg, ON N4G 4H1 (the "home")	
Licence Number: S0141	

Purpose of Inspection
The RHRA conducts compliance inspections as set out in section 77(1) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p><b>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; Assessment of resident. The Licensee failed to comply with O. Reg. 166/11, s. 43; Initial assessment of care needs. The Licensee failed to comply with O. Reg. 166/11, s. 47; Development of plan of care.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>62. (4)</b> 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"> <li>(b) the planned care services for the resident that the licensee will provide, including, <ul style="list-style-type: none"> <li>(i) the details of the services,</li> <li>(ii) the goals that the services are intended to achieve,</li> <li>(iii) clear directions to the licensee's staff who provide direct care to the resident;</li> </ul> </li> </ul> <p><b>62. (6)</b> 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.</p> <p><b>43. (2)</b> The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:</p> <ul style="list-style-type: none"> <li>3. Risk of falling.</li> <li>7. Risk of harm to self and to others.</li> <li>6. Cognitive ability.</li> <li>2. Presence of infectious diseases.</li> <li>8. Risk of wandering.</li> </ul>

**47. (5)** If an assessment of a resident indicates that the resident’s care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident’s plan of care and that the resident’s plan of care takes into account the results of the care conference.

**47. (7)** If one of the care services that the licensee provides to a resident is the provision of a meal, the resident’s plan of care is only complete if it includes a description of the food restrictions, food allergies and food sensitivities of the resident that are known.

**Inspection Finding**

The Inspector conducted a compliance inspection to follow up on various areas of prior non-compliance cited during previous inspections. As part of the inspection, the Inspector reviewed residents’ care files as part of the compliance inspection and found several areas of non-compliance. Firstly, the evidence showed that for the majority of residents in the home, there were no documented goals, details or directions to staff for the provision of meals and/or medication administration in their respective plans of care. Secondly, for those residents who are diabetic or have diabetic needs, their specific dietary needs and/or information or description of what their diabetic diets consist of were not documented in their respective plans of care. Thirdly, three residents have skin and wound care needs and there was no evidence to support that interdisciplinary care conferences were held as part of the development of their plans of care. Fourthly, initial assessments were initiated for two residents who recently moved into the home; however, the initial assessments were not fully completed as various areas were not considered for one or both residents, specifically, presence of infectious diseases, risk of falls, cognitive ability, risk of harm to self and others, and risk of wandering. Fifthly, there was no evidence that a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario or someone working under their supervision approved an initial plan of care for a new resident. Lastly, there was insufficient evidence to support that a resident’s falls risk and their needs related to that risk was documented in their plan of care. The Licensee failed to ensure all resident assessments and plans of care were complaint 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.

**2. 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.**

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;

**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.

**Inspection Finding**

The Inspector reviewed training records and interviewed the owner/operator and found that the Licensee was unable to demonstrate that all individuals working in the home had completed training in the home's specific policies related to complaints and personal assistance service devices. This is an area that the Licensee has been previously cited on two different inspections.

**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. 23; Behaviour management.**

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

- 23. (1)** Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,
- (a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;
  - (b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;
  - (c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;

**Inspection Finding**

The Inspector reviewed residents' care files, the Licensee's behaviour management policy, and interviewed staff and found that a new resident has behaviours of wandering and elopement that posed a risk of harm to themselves. The Inspector found the Licensee failed to fully implement their behaviour management policy as there was insufficient evidence to support that the home had adequately developed and implemented strategies to prevent and address the behaviour including strategies for monitoring, and that these strategies were documented in the resident's plan of care, as per the Licensee's behaviour management policy.

**Outcome**

The Licensee has demonstrated it has taken 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**

Based on observations during the inspection, the Inspector found that the Licensee failed to fully follow the Chief Medical Officer of Health and the Ministry of Health's recommendations outlined in the updated COVID-19 Guidance as not all required individuals in the home wore medical/surgical masks; or wore them properly, as required.

**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.

**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>Tania Buko</i>	Date  May 16, 2023
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