

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

Inspection Information	
Date of Inspection: May 17, 2023	Name of Inspector: Mark Dennis
Inspection Type: Routine Inspection	
Licensee: ACC-003154 - Huronia Retirement Homes Inc.	
Retirement Home: Bayview Retirement Home	
License Number: N0449	

**About Routine Inspections**

A routine inspection, performed by an RHRA inspector, is a physical inspection of a licensed retirement home. During a routine inspection, an RHRA inspector will walk through the home, speak to residents and staff, observe care services and conditions in the home, and ensure the licensee’s management and staff follow mandatory policies and practices designed to protect the welfare of residents.

Following a routine 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 the licensee repeatedly does not meet the required standards, RHRA may take further action.

**Focus Areas**  
*During a routine inspection, an inspector will focus primarily on a set number of areas which have been identified as related to the health, safety and wellbeing of resident, and may take various actions to determine whether the licensee is compliant with the RHA in relating to the areas. The areas listed in this section are ones which an inspector has identified as non-compliant.*

**Focus Area #1: Complaints**

**RHRA Inspector Findings**  
During the inspection, the Inspector reviewed the homes complaint procedures. There is a requirement that the Licensee shall keep a written record of complaints received. This written record must document details of the complaints including dates, actions taken to resolve the complaint, notifications to the complainant and final resolutions. Further, the complaints must be analyzed quarterly. The inspection showed the licensee kept no records of complaints as prescribed.

**Outcome**  
The Licensee must take corrective action to achieve compliance.

## Focus Area #2: Emergency Plan

### RHRA Inspector Findings

During the inspection, the Inspector reviewed the homes emergency plan. There is a requirement that the home must have arrangements with community partners that may respond in the event of an emergency. Further, the Licensee must complete annual testing of the emergency plan for an emergency involving a missing resident, medical emergency, violent outburst and loss of an essential service. The emergency plan must include a plan for an epidemic and pandemic and have emergency supplies set aside in the event of an emergency and regularly tested. The inspection showed that the home did not have arrangements with required community partners, did not complete annual testing of the plan, did not include a plan for an epidemic and pandemic and did not have supplies set aside as prescribed.

### Outcome

The Licensee must take corrective action to achieve compliance.

## Focus Area #3: Maintenance

### RHRA Inspector Findings

During the inspection, the Inspector reviewed common area's of the home including shared washrooms. The Inspector observed a toilet seat that was broken. The home is required to maintain written procedures documenting routine maintenance of the home, including plumbing fixtures. Further, the home shall ensure that hazardous substances, when not in use, are kept secure and inaccessible to residents. The Inspector located two closets that contained hazardous substances that were both insecure and accessible to residents. The home was unable to provide the written maintenance procedures and failed to secure hazardous substances as prescribed.

### Outcome

The Licensee must take corrective action to achieve compliance.

## Focus Area #4: Medications

### RHRA Inspector Findings

During the inspection, the Inspector reviewed resident charts. There is a requirement that, should the home administer a resident their medications, the home shall keep a written record of the order authorizing the medication to be administered. The Inspector identified two residents who were receiving medication administration by home staff, however there was no written record of the order. The Licensee failed to keep a written record as prescribed.

### Outcome

The Licensee must take corrective action to achieve compliance.

## Focus Area #5: Resident Record, Assessment, Plan of Care

### RHRA Inspector Findings

During the inspection, the Inspector reviewed residents plans of care and assessments. There is a requirement that residents, upon taking residency in the home, must be assessed and a plan of care develop based on that assessment. Further, plans of care must be revised every 6 months and must be approved by the resident or their substitute decision maker and must be approved by a Regulated Health Professional. The Inspector identified 11 residents that did not have an assessment or a plan of care and one resident that had a plan of care that had not been revised since 2021 and was not approved. The Licensee failed to complete plans of care as prescribed.

### Outcome

The Licensee must take corrective action to achieve compliance.

## Focus Area #6: Staff Training

### RHRA Inspector Findings

During the inspection, the Inspector reviewed staff training records. There is a requirement that new staff must be trained in the homes complaint procedures, Zero Tolerance of Abuse and Neglect Policy, Whistle-blowing protection, Resident Bill of Rights, Infection Prevention and Control, Personal Assistance Service Devices, Emergency Plan and Fire Safety. Staff must then receive annual training in these area's including Behaviour Management strategies and all other care services provided. Further, staff administering medications must be trained to administer medications and all staff administering medications must be retrained annually. The Licensee failed to provide any evidence that staff have been trained as prescribed.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Additional Findings**

*During a routine inspection, an inspector may observe areas of non-compliance that are not related to the standard focus areas. 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.*

**Additional Finding#1: Consumer Protection****RHRA Inspector Findings**

There is a requirement that the Licensee shall post the most recent RHRA Final Inspection Report. The inspection showed the Licensee had not posted the most recent Final Inspection Report as prescribed.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Additional Finding#2: Food Preparation and Provision****RHRA Inspector Findings**

During the inspection, the Inspector reviewed the food preparation and menu processes. There is a requirement that residents must be informed of their daily and weekly menu options. Further, the licensee shall ensure that, food service workers and staff assisting the resident are aware of the resident's diet, special needs and preferences. The home posted a weekly menu that was not followed and does not reflect the food being served. There was one resident identified, who was diabetic, yet staff preparing the meals were not aware. The Licensee failed to post a weekly menu and ensure staff preparing food are made aware of diet needs as prescribed.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Current Inspection – Citations**

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

**The Licensee failed to comply with the RHA s. 11. (1); Posted information****s. 11. (1); Posted information**

11. (1) For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:

**Specifically, the Licensee failed to comply with the following subsection(s):****s. 11. (1), para. 6**

6. A copy of the most recent final inspection report prepared by an inspector under section 77 of the Act, subject to section 114 of the Act.

**The Licensee failed to comply with the RHA s. 14. (1); Staff training****s. 14. (1); Staff training**

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.

**The Licensee failed to comply with the RHA s. 14. (2); Staff training****s. 14. (2); Staff training**

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.

**The Licensee failed to comply with the RHA s. 14. (5); Staff training**

**s. 14. (5); Staff training**

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).

**The Licensee failed to comply with the RHA s. 19. (1); Maintenance**

**s. 19. (1); Maintenance**

19. (1) Every licensee of a retirement home shall ensure that a maintenance program is in place to ensure that the building forming the retirement home, including both interior and exterior areas and its operational systems, are maintained in good repair.

**The Licensee failed to comply with the RHA s. 21. (2); Hazardous substances**

**s. 21. (2); Hazardous substances**

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.

**The Licensee failed to comply with the RHA s. 24. (4); Emergency plan, general**

**s. 24. (4); Emergency plan, general**

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.

**The Licensee failed to comply with the RHA s. 24. (5); Emergency plan, general**

**s. 24. (5); Emergency plan, general**

24. (5) The licensee shall,

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

**s. 24. (5), (a)**

(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,

**s. 24. (5), (a), 1.**

(i) the loss of essential services,

**s. 24. (5), (a)**

(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,

**s. 24. (5), (a), 2.**

(ii) situations involving a missing resident,

**s. 24. (5), (a)**

(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,

**s. 24. (5), (a), 3.**

(iii) medical emergencies,

**s. 24. (5), (a)**

(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,

**s. 24. (5), (a), 4.**

(iv) violent outbursts;

**The Licensee failed to comply with the RHA s. 25. (3); Emergency plan, retirement home with more than 10 residents**

**s. 25. (3); Emergency plan, retirement home with more than 10 residents**

25. (3) The licensee shall ensure that the emergency plan provides for the following:

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

**s. 25. (3), para. 1**

1. Dealing with,

**s. 25. (3), para. 1, 5.1**

v.1 epidemics and pandemics,

**s. 25. (3), para. 3**

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

**The Licensee failed to comply with the RHA s. 27. (9); Infection prevention and control program**

**s. 27. (9); Infection prevention and control program**

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,

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

**s. 27. (9), (a)**

(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;

**s. 27. (9), (b)**

(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

**The Licensee failed to comply with the RHA s. 29.; Administration of drugs or other substances**

**s. 29.; Administration of drugs or other substances**

29. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,

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

**s. 29. (c)**

(c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug;

**s. 29. (e)**

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

**s. 29. (e), 1.**

(i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,

**s. 29. (e)**

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

**s. 29. (e), 2.**

(ii) the safe disposal of syringes and other sharps,

**s. 29. (e)**

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

**s. 29. (e), 3.**

(iii) recognizing an adverse drug reaction and taking appropriate action;

**The Licensee failed to comply with the RHA s. 32.; Records**

**s. 32.; Records**

32. If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

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

**s. 32. (b)**

(b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991;

**The Licensee failed to comply with the RHA s. 40.; Provision of a meal**

**s. 40.; Provision of a meal**

40. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the provision of a meal, the licensee shall ensure that,

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

**s. 40. (g)**

(g) the resident is informed of his or her daily and weekly menu options;

**s. 40. (i)**

(i) food service workers and staff assisting the resident are aware of the resident's diet, special needs and preferences;

**The Licensee failed to comply with the RHA s. 44. (1); Full assessment of care needs**

**s. 44. (1); Full assessment of care needs**

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.

**The Licensee failed to comply with the RHA s. 48. (1); Approval of the plan of care**

**s. 48. (1); Approval of the plan of care**

48. (1) For the purposes of paragraph 2 of subsection 62 (9) of the Act and subject to subsection (2), the licensee shall ensure that a resident's plan of care is approved by,

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

**s. 48. (1), (a)**

(a) a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario;

**The Licensee failed to comply with the RHA s. 56. (3); Format and retention of records**

**s. 56. (3); Format and retention of records**

56. (3) The licensee shall ensure that each of the records is kept in a readable and useable format that allows a complete copy of the record to be readily produced.

**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. 59. (3); Procedure for complaints to licensee**

**s. 59. (3); Procedure for complaints to licensee**

59. (3) The licensee shall ensure that,

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

**s. 59. (3), (a)**

(a) the written record is reviewed and analyzed for trends at least quarterly;

**s. 59. (3), (b)**

(b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home;

**s. 59. (3), (c)**

(c) a written record is kept of each review and of the improvements made in response.

**The Licensee failed to comply with the RHA s. 62. (1); Plan of care**

**s. 62. (1); Plan of care**

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.

**The Licensee failed to comply with the RHA s. 62. (12); Reassessment and revision**

**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,

**The Licensee failed to comply with the RHA s. 62. (9); Persons who approve plans of care**

**s. 62. (9); Persons who approve plans of care**

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:

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

**s. 62. (9), para. 1**

1. The resident or the resident's substitute decision-maker.

**s. 62. (9), para. 2**

2. The prescribed person if there is a person prescribed for the purpose of this paragraph.

**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), (a)**

(a) the Residents' Bill of Rights;

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

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

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

(c) the protection afforded for whistle-blowing described in section 115;

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

(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

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

(f) fire prevention and safety;

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

(g) the licensee's emergency evacuation plan for the home mentioned in subsection 60 (3);

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

(h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);

**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.

**The Licensee failed to comply with the RHA s. 65. (5); Additional training for direct care staff**

**s. 65. (5); Additional training for direct care staff**

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

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

**s. 65. (5), para. 3**

3. Behaviour management.

**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.*

**Ontario Regulation 166/11:**



**s. 32.; Records**

32. If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

**s. 32. (a)**


(a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered;

**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 	Date  June 05, 2022
--	---------------------------