

FINAL INSPECTION REPORT
Under the Retirement Homes Act, 2010

Inspection Information

Date of Inspection: May 15, 2023

Name of Inspector: Angela Newman

Inspection Type: Routine Inspection

Licensee: ACC-003023 - 1672537 Ontario Limited

Retirement Home: Choices Living Retirement Residence

License Number: S0197

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: Abuse and Neglect

RHRA Inspector Findings

As part of the routine inspection, the home's zero tolerance of abuse policy located in the staff training manual was reviewed. The policy was last revised in 2012 and did not contain a compliant definition of neglect, nor had it been updated to include the regulation changes from March 2022 to the RHA dealing with the borrowing of residents' money. The home was not able to demonstrate they had a compliant zero tolerance of abuse policy.

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.

Focus Area #2: Emergency Plan

RHRA Inspector Findings

The inspector reviewed the Licensee's records of testing for their emergency plans and found that the testing for situations involving a missing resident had not been completed as prescribed. Further, the inspector found there were no logs of testing the supplies and equipment used for an emergency response. Finally, the inspector reviewed the emergency plan and determined the licensee had not completed an annual review of the emergency plan. The Licensee failed to ensure that testing and reviews were done annually 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.

Focus Area #3: Resident Record, Assessment, Plan of Care

RHRA Inspector Findings

The inspector reviewed all eight residents' plans of care and found that five plans of care were not reviewed and revised at least every 6 months as required. Further, a review of two plans of care revealed they were not based on residents' needs. Finally, the inspector determined that three residents' plans of care did not reflect the aspects of care delivered by external care providers. The Licensee failed to ensure all resident plans of care are completed 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.

Focus Area #4: Staff Training

RHRA Inspector Findings

The inspector reviewed a sample of training records in the areas of zero tolerance of abuse, Bill of Rights, Infection control, Whistle Blower protection, PASDs, fire prevention and safety, complaints, and behaviour management. The inspector reviewed not only records for staff recently hired to determine compliance with orientation training, but also a sample of training records for those hired prior to 2022 to determine compliance with annual training in these areas. The inspector found that the orientation training for staff was completed. For the annual training files reviewed, one staff had no proof of training in the reviewed training areas. The home was not able to determine that annual training was completed in alignment with the regulations.

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.

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.

Not Applicable

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. 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. 15. (3); Policy of zero tolerance of 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,

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

s. 15. (3), (a.1)

(a.1) contain an explanation of the prohibition on borrowing, receiving or holding a resident's money or other property, as set out in section 57.1;

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), 2.

(ii) situations involving a missing resident,

The Licensee failed to comply with the RHA s. 26.; Emergency plan, retirement home with 10 or fewer residents

s. 26.; Emergency plan, retirement home with 10 or fewer residents

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:

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

s. 26. para. 4

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.

s. 26. para. 6

6. The licensee shall ensure that the plan is updated at least annually and that the updating includes contact information for the relevant community agencies, partner facilities and resources that will be involved in responding to an emergency.

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. (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. 62. (8); Integration of assessments and care

s. 62. (8); Integration of assessments and care

62. (8) The licensee shall ensure that there are protocols to promote the collaboration between the staff, external care providers and others involved in the different aspects of care of the resident,

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

s. 62. (8), (b)

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

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. 67. (5); Contents

s. 67. (5); Contents

67. (5) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,

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

s. 67. (5), (a)

(a) clearly set out what constitutes abuse and neglect;

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.

Not Applicable

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
Angela Newman

Date
June 8, 2023