

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

Inspection Information	
Date of Inspection: 6/20/2023	Name of Inspector: Jennifer Sarkis
Inspection Type: Responsive Inspection – Routine	
Licensee: ACC-003039 - Tara Retirement Home Inc.	
Retirement Home: Tara Retirement Home	
License Number: S0381	

#### 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

The inspector reviewed the Licensee’s complaints log, staff communication logs, residents progress notes and interviewed residents. The inspector found two written complaints that did not have a compliant written record. Specifically, the record of the complaints did not include the dates which responses were provided to the complainant, descriptions of the responses, as well as the responses made in turn by the complainant and resolution. One complaint has not been resolved within 10 days and a response of the expected date of resolution was not provided to the complainant. The Licensee failed to ensure that their written record of complaints included all the required elements.

#### Outcome

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

##### Concern #2:

#### 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 medical emergency, violent outburst and endemic and pandemic testing was not completed. In additional, the Licensee was unable to provide transportation agreements in the event of an evacuation. Finally, the home was unable to show evidence of an annual test of their emergency response plan. The Licensee failed to ensure that testing was done annually as required and community partnerships were up to date.

#### 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.

##### Concern #3:

**RHRA Inspector Findings**

The inspector reviewed the falls policies and documentation of recent falls. The Licensee was unable to produce evidence of a falls analysis report. The Licensee failed to complete an annual falls analysis, 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.

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

The inspector toured the home and observed a manager and employee not wearing a mask while working in the home. The Licensee failed to ensure requirements issued by the Ontario Chief Medical Officer of Health were followed.

**Outcome**

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

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

The inspector reviewed a written complaint related to pests in the home's attic. Upon touring the exterior of the home, the inspector observed damage to the home's building that had the roof attic area exposed. The Licensee did not contact a pest control service to address the concerns. The Licensee failed to ensure pest control services addressed a pest issue in the home and repaired an exterior part of the home directly above a residents room.

**Outcome**

The Licensee submitted a plan to achieve compliance by Mon Jul 31 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Concern #6:****RHRA Inspector Findings**

The inspector reviewed the medication administration program in the home, including staff training and qualifications. The Licensee was unable to provide evidence of a registered member of the College of Nurses who is supervising the medication administration program in the home. The Licensee failed to ensure there was a qualified person who supervises the medication administration within the home.

**Outcome**

The Licensee submitted a plan to achieve compliance by Fri Aug 04 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Concern #7:****RHRA Inspector Findings**

The inspector reviewed all resident care files and found several areas of corrective action. The inspector found 7 residents did not have a plan of care with any goals on file. Additionally, those 7 were not re-assessed and their plans of care revised within the required time. 3 plans of care were found to not be approved by the resident or their substitute decision maker, and evidence of a copy provided to them. 1 residents full assessment upon move in, was not completed as several sections of the assessment were incomplete. 1 residents plan of care had missing goals for a provision of a meal, medication administration and bathing assistance. 2 residents were found to have food restrictions and food sensitivities in their assessment that was not identified in their plan of care. The assessments and plans of care were not completed and approved by a registered member of the College of Nurses or Physicians. The Licensee failed to ensure all assessments and plans of care were completed as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by Fri Aug 04 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Concern #8:****RHRA Inspector Findings**

The inspector reviewed all employee training records and found that 2 employees had not been trained upon hire in 2022. Additionally, 2 new employees were found to have completed their training within several months of being hired and not immediately when hired, as required. Furthermore, 1 employee was found to have not completed their annual training in 2022 and one employee was missing several areas of annual training. The Licensee failed to ensure that staff were trained upon hiring and annually, as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by Thu Jul 20 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

**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. 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. 18. (3); Pest control

#### s. 18. (3); Pest control

18. (3) The licensee shall ensure that timely action is taken to deal with pests in the retirement home.

### 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. 22. (4); Risk of falls

#### s. 22. (4); Risk of falls

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.

### 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), 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), 3.1

(iii.1) epidemics and pandemics,

#### 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,

**The Licensee failed to comply with the RHA s. 27. (5); Infection prevention and control program**

**s. 27. (5); Infection prevention and control program**

27. (5) The licensee of a retirement home shall ensure that,

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

**s. 27. (5), (0.a)**

(0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home;

**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. (d)**

(d) a member of a College, as defined in the Regulated Health Professions Act, 1991, supervises the administration of the drug or other substance to the resident in the home;

**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. 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. 44. (3); Full assessment of care needs**

**s. 44. (3); Full assessment of care needs**

44. (3) If a licensee or a staff member of a retirement home has reason to believe that a 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 the full assessment is,

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

**s. 44. (3), (a)**

(a) conducted by a member of a College, as defined in the Regulated Health Professions Act, 1991;

**The Licensee failed to comply with the RHA s. 47. (7); Development of plan of care**

**s. 47. (7); Development of plan of care**

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.

**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. 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. 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. (2); Assessment only with consent, etc.**

**s. 62. (2); Assessment only with consent, etc.**

62. (2) Nothing in this section authorizes a licensee to assess or to reassess a resident without the resident's consent.

**The Licensee failed to comply with the RHA s. 62. (4); Contents of plan**

**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,

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

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

(a) the care services that are part of a package of care services that the resident is entitled to receive under the resident's agreement with the licensee, whether or not the resident receives the services;

**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), (b)**

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

**s. 62. (4), (b), 2.**

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

**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;

**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.

**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. (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.*

**Not Applicable**

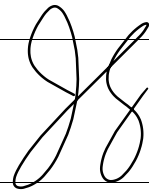
**NOTICE**

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

A handwritten signature in black ink, consisting of two stylized, overlapping loops.

Date

June 30, 2023