

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

Inspection Information	
Date of Inspection: August 9, 2023	Name of Inspector: Julie Hebert
Inspection Type: Routine Inspection	
Licensee: ACC-002470 - Chartwell Master Care Corporation	
Retirement Home: Chartwell Collegiate Heights Retirement Residence	
License Number: N0074	

About Routine Inspections
<p>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.</p> <p>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 <i>RHA</i>. 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 <i>RHA</i>.</p> <p>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 <i>RHA</i>. 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.</p> <p>In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.</p> <p>If the licensee repeatedly does not meet the required standards, RHRA may take further action.</p>

Focus Areas
<p><i>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.</i></p>
<b>Focus Area #1: Emergency Plan</b>
<p><b>RHRA Inspector Findings</b> As part of the routine inspection, the inspector reviewed the home's arrangements with community partners involved in responding to an emergency and found that they had not been updated since January 2022. The Licensee failed to ensure agreements were updated annually as required.</p>
<p><b>Outcome</b> At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.</p>
<b>Focus Area #2: Resident Record, Assessment, Plan of Care</b>

**RHRA Inspector Findings**

As part of the routine inspection, the inspector reviewed a sample of residents' plan of care. The inspector found that not all plans of care were updated at the time the residents' care needs change. In addition, not all plans of care reviewed included the care service of provision of a meal including clear directions to staff and goals on this care service. Furthermore, there were residents identified who were experiencing responsive behaviours which were not included in the residents' plans of care. The Licensee failed to ensure the plans revised and updated in compliance with the legislation.

**Outcome**

The Licensee submitted a plan to achieve compliance by September 9, 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #3: 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 previously to determine compliance with annual training in these areas.

The inspector found that the orientation training for one staff member sampled was not completed in the areas of emergency plan/fire safety, PASDs and infection control prior to the staff member working in the home.

For the annual training files reviewed, one staff member had not completed annual training in complaints, bill of Rights, PASD and infection control.

The home was not able to determine that orientation and annual training was being completed in alignment with the regulations.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 30, 2023. 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. 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. 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,

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

**s. 62. (12), (b)**

(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

**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), 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. (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. 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), (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.

**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. 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.

**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.

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

24. (5) The licensee shall,

**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,

**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

*Julie Hebert*

Date

August 21, 2023