

# FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

**Inspection Information** 

Date of Inspection: September 27, 2023 Name of Inspector: Angela Butler

Inspection Type: Routine Inspection
Licensee: ACC-002663 - CVH (No. 3) LP

**Retirement Home: Chelsey Park Retirement Community** 

License Number: S0231

#### **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: 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 medical emergencies, and violent outbursts had not been completed since March 2022. Also, the total evacuation was last completed in September of 2021. There has been no testing of the epidemic/pandemic plan. The memorandums with community partners for shelter and transportation were also not current and the shelter agreement could only accommodate 10 of the residents. The Licensee failed to ensure that testing was done annually 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.

## Focus Area #2: Resident Record, Assessment, Plan of Care

## **RHRA Inspector Findings**

The inspector reviewed a sample of resident care files and found that 3 residents' plans of care did not include, goals, interventions, and clear directions to staff who provide direct care to the residents. The Licensee failed to ensure that plans of care were in compliance with the legislation.

#### Outcome

The Licensee has demonstrated it has taken corrective action to achieve compliance.

#### 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, Whistleblower protection, PASDs, Fire prevention and safety, complaints, Behaviour management and care services. The inspector reviewed not only records for staff hired in 2023 to determine compliance with orientation training but also a sample of training records for those hired prior to 2023 to determine compliance with annual training in these areas. The inspector found that two staff members had not completed annual training and one staff member had no care service training for 2022. The Licensee failed to ensure staff were trained in accordance with the legislation.

#### 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.

## **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. (3); Staff training

#### s. 14. (3); Staff training

14. (3) For the purposes of paragraph 5 of subsection 65 (5) of the Act, every licensee of a retirement home shall ensure that every staff member who provides a care service to a resident has received or receives training in,

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

#### s. 14. (3), (b)

(b) each care service offered in the home so that the staff member is able to understand the general nature of each of those services, the standards applicable under the Act to each of those services and the aspects of each of those services that may be relevant to the staff member's own duties in the home.

#### 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), 3.1

(iii.1) epidemics and pandemics,

#### **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.

#### **Retirement Homes Act, 2010:**

#### 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,

## 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); 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,

## 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); 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,

## 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;

## 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 ongoing training as described in that subsection at the times required by the regulations.

#### **Ontario Regulation 166/11:**

#### 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.

# 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).

#### 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), 3.

(iii) medical emergencies,

## 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), 4.

(iv) violent outbursts;

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

24. (5) The licensee shall,

## s. 24. (5), (b)

(b) at least once every two years, conduct a planned evacuation of the retirement home;

## **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 <a href="http://www.rhra.ca/en/retirement-home-database">http://www.rhra.ca/en/retirement-home-database</a>.

Signature of Inspector	Angela &	luder RN	Date October 30, 2023
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