

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

Inspection Information	
<b>Date of Inspection: October 26, 2023</b>	<b>Name of Inspector: Jennifer Sarkis</b>
<b>Inspection Type: Routine Inspection</b>	
<b>Licensee: ACC-002816 - Amber Lea Place Ltd.</b>	
<b>Retirement Home: Amber Lea Place Retirement Residence</b>	
<b>License Number: S0083</b>	

### 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

The inspector reviewed the Licensee's complaint log, shift report logs and incident reports and found an incident of alleged resident-to-resident abuse had been reported to the home. The inspector interviewed those who reported the alleged incident, the alleged victim's substitute decision-maker as well as those who conducted the internal investigation, reviewed records of the alleged incident, policies and the resident's medical files. The inspector confirmed that the Licensee failed to document relevant information from their investigation from alleged witness statements, alleged substitute-decision maker's statement and the alleged victim's statement. Additionally, the alleged victim's substitute decision-maker was not made aware within 12 hours after the alleged incident was reported or made aware of the results of the investigation immediately upon completion of the investigation. An analysis of the alleged incident was also not completed. The home failed to report the alleged incident to the RHRA as required for all alleged, suspected or witnessed incidents of abuse. Furthermore, the Licensee had reason to suspect that

the alleged incident may have constituted a criminal offence yet failed to contact police, as required by their zero tolerance of abuse policy. The Licensee did not ensure their zero tolerance of abuse policy was complied with fully.

**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: Complaints**

**RHRA Inspector Findings**

The inspector reviewed the Licensee's complaints log and noted that a complaint did not have compliant written record. Specifically, the record of the complaint did not include the results of the complaint, whether founded or unfounded. Additionally, a quarterly analysis was not completed. The Licensee failed to ensure that their written record of complaints included all the required elements.

**Outcome**

The Licensee must take corrective action to achieve compliance.

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

**RHRA Inspector Findings**

The inspector reviewed a sample of resident care files and found that the Licensee failed to conduct a care conference to review a resident's plan of care whose care needs included dementia and responsive behaviours. The Licensee failed to ensure that the development of plans of care that involved Dementia Care and responsive behaviours, included a multi-disciplinary care conferences.

**Outcome**

The Licensee has demonstrated it has taken 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.*

**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. 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. 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. (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;

**The Licensee failed to comply with the RHA s. 67. (4); Policy to promote zero tolerance**

**s. 67. (4); Policy to promote zero tolerance**

67. (4) Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.

**The Licensee failed to comply with the RHA s. 75. (1); Reporting certain matters to Registrar**

**s. 75. (1); Reporting certain matters to Registrar**

75. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Registrar:

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

**s. 75. (1), para. 2**

2. Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or a risk of harm to the resident.

**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. 47. (5); Development of plan of care**

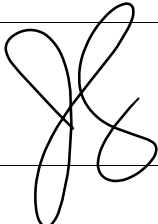
47. (5) If an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident's plan of care and that the resident's plan of care takes into account the results of the care conference.

**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  December 1, 2023
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