

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

**Inspection Information**

**Date of Inspection: December 15, 2023**

**Name of Inspector: Angela Butler**

**Inspection Type: Routine Inspection**

**Licensee: ACC-002518 - London Canada Investors Limited Partnership**

**Retirement Home: Arbor Trace Alzheimer's Special Care Center**

**License Number: S0221**

**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**

As part of the routine inspection, the inspector reviewed the Licensee's records of testing for their emergency plans and found that the testing for situations involving the loss of essential service, a missing resident, medical emergencies, violent outbursts, and epidemic/pandemics had not been completed since 2022. The Licensee failed to ensure that testing was done annually as required.

**Outcome**

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

**Focus Area #2: Resident Record, Assessment, Plan of Care****RHRA Inspector Findings**

As part of the routine inspection, the inspector reviewed resident files. The inspector reviewed 4 resident's plans of care who had a diagnosis of Dementia. There was no documentation that interdisciplinary care conferences were held as part of the development of the plan of care for these 4 residents. The Licensee failed to ensure interdisciplinary care conferences were held as part of the development of the plans of care.

**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.*

**Additional Finding#1: Dementia Care****RHRA Inspector Findings**

As part of the routine inspection, the inspector reviewed the home's Dementia Care program. The home has a Dementia care program in place but there was no documentation that the program had been evaluated at least annually. The licensee failed to ensure they evaluated their Dementia Care Program annually.

**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.

**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. 41. (5); Dementia care program****s. 41. (5); Dementia care program**

41. (5) The program shall be evaluated at least annually and the licensee shall keep a written record of each evaluation.

**The Licensee failed to comply with the RHA s. 47. (5); Development of plan of care****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.

**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. (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.

**Ontario Regulation 166/11:**

**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,

**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), 2.**

(ii) situations involving a missing resident,

**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), 3.1**

(iii.1) epidemics and pandemics,

**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), (c)**

(c) keep a written record of the testing of the emergency plan and planned evacuations and of any changes made to improve the emergency plan.

**s. 43. (1); Initial assessment of care needs**

43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

**s. 52. (2); Personal assistance services devices**

52. (2) Every licensee of a retirement home shall ensure that a personal assistance services device used under section 69 of the Act is,

**s. 52. (2), (b)**

(b) applied by staff of the home in accordance with the manufacturer's instructions, if any;

**s. 52. (2); Personal assistance services devices**

52. (2) Every licensee of a retirement home shall ensure that a personal assistance services device used under section 69 of the Act is,

**s. 52. (2), (d)**

(d) not altered except for routine adjustments in accordance with the manufacturer's instructions, if any;

**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:

**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); 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:

**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); 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:

**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); 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:

**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.

**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,

**s. 59. (2), (b)**

(b) the date that the complaint was received;

**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,

**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); Procedure for complaints to licensee**

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

**s. 59. (2), (d)**

(d) the final resolution, if any, of the complaint;

**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,

**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); Procedure for complaints to licensee**

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

**s. 59. (2), (f)**


(f) any response made in turn by the complainant.

## 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  RN	Date January 3, 2024
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