

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

Inspection Information	
Date of Inspection: December 13, 2023	Name of Inspector: Emily Butler
Inspection Type: Routine Inspection	
Licensee: ACC-002542 – MC Realty Holding LP	
Retirement Home: McCowan Retirement Residence	
License Number: T0588	

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 complaints log and noted that two incidents of financial abuse had occurred and had not been reported to the RHRA. The Licensee failed to ensure that incidents of abuse were reported as required.

<p>Outcome The Licensee must take corrective action to achieve compliance.</p>
<p>Focus Area #2: Behaviour Management</p>
<p>RHRA Inspector Findings The inspector reviewed a sample of resident care files and the Licensee’s behaviour management strategy and found that while two residents had previously exhibited behaviours that posed a risk to others in the home, the Licensee had not implemented prevention, intervention or monitoring of these residents as set forth in their strategy.</p>
<p>Outcome The Licensee has demonstrated it has taken corrective action to achieve compliance.</p>
<p>Focus Area #3: Complaints</p>
<p>RHRA Inspector Findings The inspector reviewed the Licensee’s complaints log and noted that quarterly analyses were not completed for 2023. The Licensee failed to ensure that their written record of complaints is reviewed and analyzed for trends at least quarterly.</p>
<p>Outcome The Licensee has demonstrated it has taken corrective action to achieve compliance.</p>
<p>Focus Area #4: Emergency Plan</p>
<p>RHRA Inspector Findings 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 services, a missing resident, a medical emergency, a violent outburst, and a pandemic/epidemic had not been completed annually. Further, the Home had not completed a full evacuation in the last two years. The Licensee failed to ensure that testing was completed as required.</p>
<p>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.</p>
<p>Focus Area #5: PASDs and Restraints</p>
<p>RHRA Inspector Findings The inspector reviewed a sample of resident care files and found that while one resident uses a personal assistance services device (PASD), it was not reflected on the plan of care. Further, the inspector found that the health file did not contain approval for the PASD or consent to the use of the device. The Licensee failed to follow their internal policy as required.</p>
<p>Outcome The Licensee has demonstrated it has taken corrective action to achieve compliance.</p>
<p>Focus Area #6: Resident Record, Assessment, Plan of Care</p>
<p>RHRA Inspector Findings The inspector reviewed a sample of resident care files and found that one resident was not reassessed and their plan of care was not revised every six months as required. Further, the inspector found that all four plans of care were not based on assessment. The Licensee failed to ensure that plans of care and assessments were completed as required.</p>
<p>Outcome The Licensee has demonstrated it has taken corrective action to achieve compliance.</p>

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: Cleanliness and Pest Control

RHRA Inspector Findings

The inspector reviewed the Licensee's records relating to pest control. The documentation reviewed and interviews conducted confirmed the Licensee failed to ensure timely action was taken to deal with pests.

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. 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. 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), 1.

(i) the loss of essential services,

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), (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. 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.

Retirement Homes Act, 2010:

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,

s. 62. (12), (b)

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

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), (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); 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. 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.

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:

s. 62. (9), para. 1

1. The resident or the resident's substitute decision-maker.

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:

s. 62. (9), para. 2

2. The prescribed person if there is a person prescribed for the purpose of this paragraph.

s. 69. (2); Restrictions on use

69. (2) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 1.

(i) a legally qualified medical practitioner,

s. 69. (2); Restrictions on use

69. (2) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 2.

(ii) a member of the College of Nurses of Ontario,

s. 69. (2); Restrictions on use

69. (2) A licensee of a retirement home or an external care provider who provides care services in the

home may permit the use of a personal assistance services device for a resident of the home only if,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 3.

(iii) a member of the College of Occupational Therapists of Ontario,

s. 69. (2); Restrictions on use

69. (2) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 4.

(iv) a member of the College of Physiotherapists of Ontario,

s. 69. (2); Restrictions on use

69. (2) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 5.

(v) any other prescribed person;

s. 69. (2); Restrictions on use

69. (2) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

s. 69. (2), (d)

(d) the resident or, if the resident is incapable, the resident's substitute decision-maker, has consented to the use of the device;

Ontario Regulation 166/11:

s. 23. (1); Behaviour management

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

s. 23. (1), (a)

(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;

s. 23. (1); Behaviour management

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

s. 23. (1), (b)

(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;

s. 23. (1); Behaviour management

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

s. 23. (1), (c)

(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;

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;

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.

s. 59. (3); Procedure for complaints to licensee

59. (3) The licensee shall ensure that,

s. 59. (3), (a)

(a) the written record is reviewed and analyzed for trends at least quarterly;

s. 59. (3); Procedure for complaints to licensee

59. (3) The licensee shall ensure that,

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); Procedure for complaints to licensee

59. (3) The licensee shall ensure that,

s. 59. (3), (c)

(c) a written record is kept of each review and of the improvements made in response.

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 <i>Emily Butler</i>	Date January 15, 2024
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