

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

Inspection Information

Date of Inspection: January 18, 2024

Name of Inspector: Angela Butler

Inspection Type: Routine Inspection

Licensee: ACC-002929 - Waverley Retirement Residences Inc.

Retirement Home: Waverley Mansion

License Number: S0451

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 epidemics and pandemics had not been completed. 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 inspection, the inspector reviewed resident care files for 5 residents. In reviewing the resident's plan of care, the inspector found that not all care services that the residents utilized were set out in the resident's care plan. There were no details, goals, or clear directions to the staff who assisted with the care. In addition, not all completed plans of care had been signed by the resident or their substitute decision maker. Furthermore, there were no fall strategies or interventions in the resident's plan of care for those residents who were a high risk for falls. Although the home was able to identify residents who required specialized diets and that these diets were being provided to the residents, they were not able to provide evidence that a specialized diet had been ordered by a physician, or other registered health professional who had assessed that residents specific dietary needs. In addition, these specific residents' plans of care were not completed to include the food restrictions, allergies or sensitivities that were known. The Licensee failed to ensure all plans of care were completed 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**

During the routine inspection, 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 hired in 2023 to determine compliance with orientation training but also a sample of training records for those hired before 2023 to determine compliance with annual training in these areas. The inspector found that the orientation training for staff was not completed for 2 of the 3 staff member files reviewed. The home was not able to determine that orientation training was being completed in alignment with the regulations.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Jan 30, 2024. 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. (1); Staff training

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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.

The Licensee failed to comply with the RHA s. 27. (9); Infection prevention and control program

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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. 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), (a)

(a) the Residents' Bill of Rights;

s. 65. (2), (b)

(b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

s. 65. (2), (c)

(c) the protection afforded for whistle-blowing described in section 115;

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), (e)

(e) injury prevention;

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. (5); Additional training for direct care staff

s. 65. (5); Additional training for direct care staff

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

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

s. 65. (5), para. 3

3. Behaviour management.

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. 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.

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), 3.1

(iii.1) epidemics and pandemics,

s. 47. (7); Development of plan of care

47. (7) If one of the care services that the licensee provides to a resident is the provision of a meal, the resident's plan of care is only complete if it includes a description of the food restrictions, food allergies and food sensitivities of the resident that are known.

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 February 5, 2024

