

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

Inspection Information	
Date of Inspection: January 8, 2024	Name of Inspector: Angela Butler
Inspection Type: Routine Inspection	
Licensee: ACC-002633 - Oxford SC Maple View London LP	
Retirement Home: Maple View Terrace	
License Number: S0469	

About Routine Inspections
<p>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.</p> <p>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 <i>RHA</i>. 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 <i>RHA</i>.</p> <p>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 <i>RHA</i>. 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.</p> <p>In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.</p> <p>If the licensee repeatedly does not meet the required standards, RHRA may take further action.</p>

Focus Areas
<p><i>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.</i></p> <p>Focus Area #1: Emergency Plan</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, medical emergencies, violent outbursts, epidemics/pandemics, and a missing resident had not been completed within the last 12 months. Also, there is no evidence that a full evacuation had occurred within the last two years. Furthermore, the home's memorandums of understanding with community partners for shelter and transportation have not been signed in the last 12 months. The inspector also found no evidence that the emergency plan includes dealing with epidemics and pandemics. The Licensee failed to ensure that the emergency plan and procedures were completed accordingly as required.

Outcome

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

Focus Area #2: PASDs and Restraints**RHRA Inspector Findings**

During the routine inspection, the inspector followed up on items from a previous inspection and found that the home was still unable to provide documentation that PASDs had been ordered by a Registered Health Professional, that the home had tried alternatives to these PASDs, or that the resident or SDM consented to the use of the PASD. For residents that did have a plan of care, the care needs surrounding PASDs were not included in the plan of care or updated as the care needs changed. In addition, for those residents who had care needs surrounding PASDs identified at admission, it was not clear that the assessment of that resident had been completed by a Registered Health Professional. Further, the home was not completing interdisciplinary care conferences with residents or their substitute decision-makers regarding the residents' requirements for PASDs. The Licensee was not able to demonstrate that they had addressed their obligations surrounding PASD use with residents in alignment with the legislation.

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 #3: Resident Record, Assessment, Plan of Care**RHRA Inspector Findings**

As part of the inspection, the inspector followed up on items from a previous inspection and found that no plans of care had been updated since the last inspection in November 2023 as advised in the draft response. The residents did not have assessments or plans of care completed. There was no evidence that care conferences were held for residents with dementia. In addition, not all completed plans of care had been signed by the resident or their substitute decision maker. The Licensee was not able to demonstrate that they had completed a plan of care for all residents or updated the plan of care as care needs changed or minimally every 6 months. The Licensee failed to ensure all plans of care were in compliance with the legislation.

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 #4: Staff Training

RHRA Inspector Findings

As part of the routine inspection, the inspector also reviewed UCP certificates and found one staff member had not completed training since 2022 and one staff member had no medication training at all. The Licensee failed to ensure that all staff who administer medications receive training in medication administration every 12 months.

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. 44. (3); Full assessment of care needs**s. 44. (3); Full assessment of care needs**

44. (3) If a licensee or a staff member of a retirement home has reason to believe that a 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 the full assessment is,

Specifically, the Licensee failed to comply with the following subsection(s):**s. 44. (3), (a)**

(a) conducted by a member of a College, as defined in the Regulated Health Professions Act, 1991;

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.

The Licensee failed to comply with the RHA s. 47. (7); Development of plan of care**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.

The Licensee failed to comply with the RHA s. 62. (1); Plan of care

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.

The Licensee failed to comply with the RHA s. 62. (12); Reassessment and revision

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;

The Licensee failed to comply with the RHA s. 62. (6); Assessment of 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.

The Licensee failed to comply with the RHA s. 62. (9); Persons who approve plans of care

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:

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

s. 62. (9), para. 1

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

The Licensee failed to comply with the RHA s. 69. (2); Restrictions on use

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,

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

s. 69. (2), (a)

(a) the licensee has considered or tried alternatives to the use of the device but has found that the alternatives have not been, or considers that they would not be, effective to assist the resident with a routine activity of living;

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), (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), (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), (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), (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), (d)

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

s. 69. (2), (e)

(e) the use of the device is included in the resident's plan of care;

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. 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,

s. 65. (2), (a)

(a) the Residents' Bill of Rights;

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,

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); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

s. 65. (2), (c)

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

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,

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); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

s. 65. (2), (f)

(f) fire prevention and safety;

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:

s. 65. (5), para. 4

4. Ways to minimize the need of residents for personal assistance services devices and if a resident needs such a device, the ways of using it in accordance with its manufacturer's operating instructions, this Act and the regulations.

Ontario Regulation 166/11:

s. 14. (1); Staff training

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.

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,

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.

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), 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), (b)

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

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:

s. 25. (3), para. 1

1. Dealing with,

s. 25. (3), para. 1, 5.1

v.1 epidemics and pandemics,

s. 29.; Administration of drugs or other substances

29. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,

s. 29. (c)

(c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug;

s. 29.; Administration of drugs or other substances

29. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,

s. 29. (e)

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

s. 29. (e), 1.

(i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,

s. 29.; Administration of drugs or other substances

29. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,

s. 29. (e)

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

s. 29. (e), 2.

(ii) the safe disposal of syringes and other sharps,

s. 29.; Administration of drugs or other substances

29. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,

s. 29. (e)

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

s. 29. (e), 3.

(iii) recognizing an adverse drug reaction and taking appropriate action;

s. 40.; Provision of a meal

40. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the provision of a meal, the licensee shall ensure that,

s. 40. (i)


(i) food service workers and staff assisting the resident are aware of the resident's diet, special needs and preferences;

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 6, 2024
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