

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

Inspection Information	
Date of Inspection: 1/19/2024	Name of Inspector: Pam Hand
Inspection Type: Routine Inspection	
Licensee: ACC-003128 - Zest Retirement Residence Inc	
Retirement Home: St. Elizabeth Retirement Residence	
License Number: S0464	

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><b>Focus Area #1: Emergency Plan</b></p>

**RHRA Inspector Findings**

The inspector reviewed the Licensee's records for testing of their emergency plan. The Licensee could not provide evidence they had conducted a full evacuation during the past two years, their letters/agreements with community agencies and partners in responding to an emergency had not been updated in the previous year, and the Licensee could not provide documentation that their emergency plan contained information on dealing with pandemics and epidemics.

The Licensee was not able to demonstrate that their emergency plan testing and procedures were fully in alignment with the regulation.

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

The inspector reviewed a sample of three resident care files and found several areas of non compliance. Firstly, it had been more than six months since the care plans had been updated, and none of the care plans had a signed approval from the resident or their substitute decision maker. Secondly, there was no evidence of a care conference for the one resident with diagnosed dementia and this resident's plan of care had not been updated as they had been experiencing changing behaviours.

Thirdly, the three care plans did not include details of the care services to be provided or clear directions to the staff that would be providing the care. Lastly, one of the care plans did not outline any food allergies, sensitivities, and restrictions.

The Licensee was not able to demonstrate that the plans of care reviewed had been completed in alignment with the legislation.

**Outcome**

The Licensee provided information indicating that corrective action was being taken, however, further action must be taken to achieve compliance with all areas outlined in the finding. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #3: Staff Training****RHRA Inspector Findings**

The inspector reviewed a sample of training records in the areas of Zero Tolerance of Abuse, Bill of Rights, Infection Control, Whistle Blower Protection, Personal Assistive Service Devices (PASDs), Fire prevention and Safety, Emergency Plans, Complaints, and Behaviour Management. The inspector reviewed not only records for staff recently hired to determine compliance with orientation training, but also a sample of training records for those hired previously to determine compliance with annual training in these areas.

The home was unable to produce training records for the new staff.

For the annual training files reviewed, the staff had only completed training in the Bill of Rights..

Further the inspector reviewed the home's training for relevant staff in medication administration and found it did not include safe disposal of sharps or how to respond to an adverse drug reaction.

The home was not able to determine that orientation, annual and medication administration training was being completed in alignment with the regulations.

**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: Falls Prevention**

#### **RHRA Inspector Findings**

As part of the routine inspection, the inspector requested to review the falls log and annual analysis of falls. The Licensee was not able to demonstrate that they had completed an annual analysis of the falls which occurred in the home.

#### **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. 14. (1); Staff training**

##### **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.

#### **The Licensee failed to comply with the RHA s. 14. (2); Staff training**

##### **s. 14. (2); Staff training**

14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

#### **The Licensee failed to comply with the RHA s. 14. (5); Staff training**

##### **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).

#### **The Licensee failed to comply with the RHA s. 22. (4); Risk of falls**

##### **s. 22. (4); Risk of falls**

22. (4) Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

**The Licensee failed to comply with the RHA s. 24. (4); Emergency plan, general**

**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.

**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. 27. (9); Infection prevention and control program**

**s. 27. (9); Infection prevention and control program**

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. 29.; Administration of drugs or other substances**

**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,

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

**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. (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;

**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. 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. (4); Contents of plan**

**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,

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

**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), (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;

**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. 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. (4); On-going training**

**s. 65. (4); On-going training**

65. (4) The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

**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.*

**Not Applicable**

**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  February 12, 2024
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