
COMPLIANCE ORDER SUMMARY TO BE MADE AVAILABLE IN HOME

Pursuant to the *Retirement Homes Act, 2010* S.O. 2010, Chapter 11, section 90.

LLLGP III Inc.
o/a Charlotte Villa
120 Darling Street
Brantford, ON N3T 5W6

COMPLIANCE ORDER NO. 2024-S0521-90-01 – CHARLOTTE VILLA

Under section 90 of the *Retirement Homes Act, 2010* (the “Act”), the Deputy Registrar of the Retirement Homes Regulatory Authority (the “Deputy Registrar” and the “RHRA”, respectively) may serve an order on a licensee ordering it to refrain from doing something, or to do something, for the purpose of ending the contravention and achieving compliance, ensuring that the contravention is not repeated, and that compliance is maintained. The Deputy Registrar issues this Compliance Order (the “Order”) to ensure LLLGP III Inc. (the “Licensee”) operating as Charlotte Villa (the “Home”) comes into compliance with the Act and Ontario Regulation 166/11 under the Act (the “Regulation”).

The Contraventions and Order listed below are followed by the reasons for this Order, and information on the appeal process.

CONTRAVENTIONS

The Deputy Registrar has reasonable grounds to believe that the Licensee failed to comply with the following sections of the Act and Regulation:

- Sections 29(b), 31(1), and 32(a) of the Regulation as the Licensee failed to adhere to the directives of the Home’s medication management system, failed to ensure several medications were administered to three residents according to their physician’s orders, and failed to ensure written MARs for four residents were accurate and completed each day and time medications were administered.
- Sections 62(4)(b) para 3., (6), (9) paras 1. & 2., and (12) of the Act, as well as section 47(7) of the Regulation, as the Licensee failed to ensure that resident plans of care were approved by the resident or their substitute decision-makers, and by a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario or someone working under their supervision, failed to ensure that plans of care documented directions to staff for providing care service of assistance with medications to residents, failed to ensure that two residents plans of care specified their specific dietary restrictions, and failed to review and revise a plan of care every six months as required.

BRIEF SUMMARY OF FACTS

The RHRA conducted an inspection of the Home on August 10, 2023, following the receipt of a complaint regarding, among other items, errors related to the Home's medication administration practices. The inspection resulted in findings of non-compliance relating to the Licensee's failure to adhere to the directives of the Home's medication management system, administer medications according to physician's orders, and failure to ensure written medication administration records were accurate and completed each day and time that medications were administered to residents. The inspection also resulted in findings related to plans of care including failing to ensure plans of care contained the appropriate approvals, directions to staff regarding assistance with medications, and specific dietary restrictions for two residents. The inspector also found that one plan of care was not reviewed and revised within the prescribed timeframe.

REQUIRED ACTION

Pursuant to section 90 of the Act, the Deputy Registrar orders the Licensee to comply with the following:

1. Within 30 days of the issuance of this Order, ensure that the Home's Director of Wellness and all management of the Home, review the RHRA's CAM on Assessments and Plans of Care, and provide proof of such review to the RHRA's Compliance Monitor.
2. Within 45 days of the issuance of this Order, provide confirmation that all staff of the Home have been re-trained in the Home's Medication Management system policies and procedures as set out in the Licensee's corrective action plan.
3. Within 90 days of the issuance of this Order, conduct an audit of all resident plans of care to ensure all residents have been assessed, plans of care have been created for each resident, and that all plans of care have been updated/revised based on the audit, and provide proof of such audit to the RHRA Compliance Monitor. The audit must ensure all plans of care contain clear directions to staff for all care services provided, and plans of care are approved by the resident or their substitute decision maker, and by a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario or someone working under their supervision are obtained to ensure compliance with the Act and Regulation.
4. Every two months for a period of one year commencing on the date of the issuance of this Order, conduct audits of all Resident Medication Administration Records, including a review of physician medication orders, and Medication Error Reports, and deliver reports to the RHRA Compliance Monitor to verify compliance.
5. The Licensee must demonstrate through written reports to the RHRA that it has complied with the required actions set out above. The Licensee must submit these ongoing reports at such regularity as is determined by the RHRA Compliance Monitor.

Issued on February 13, 2024.