

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

Inspection Information

Date of Inspection: March 5, 2024

Name of Inspector: Emily Butler

Inspection Type: Routine Inspection

Licensee: ACC-002407 – 873888 Ontario Limited

Retirement Home: Dowling Rest Home

License Number: T0409

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: Complaints

RHRA Inspector Findings

The inspector reviewed the Licensee's complaints log and noted that written record of the complaints was not reviewed and analyzed for trends at least quarterly. The Licensee failed to follow their complaints policy as required.

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: Emergency Plan**RHRA Inspector Findings**

The inspector reviewed the Licensee's emergency plan, including epidemics and pandemics, and found that it did not include all the required elements. The Licensee failed to ensure that their emergency plan incorporated all the required components.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Apr 30 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #3: Maintenance**RHRA Inspector Findings**

The inspector reviewed the Licensee's records regarding 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.

Focus Area #4: Other Requirements**RHRA Inspector Findings**

The inspector reviewed a sample of staff files and found that all four staff members had not completed screening measures in accordance with the regulations. The Licensee failed to ensure that all staff were screened prior to working in the Home as required.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Apr 30 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #5: Resident Record, Assessment, Plan of Care**RHRA Inspector Findings**

The inspector reviewed a sample of five resident care files and found that four residents were not reassessed within the required timeframe, two of the plans of care were not based on the assessment, four plans of care were not approved by registered staff, and one plan of care was not developed by registered staff. Further, the inspector found that a copy of the plans of care was not provided to the resident or their substitute decision maker. The Licensee failed to ensure that assessments and plans of care were being completed as required.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Apr 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.

Additional Finding#1: Consumer Protection**RHRA Inspector Findings**

The inspector reviewed a sample of staff files and found that all four staff members had not completed screening measures, including a police record check. The Licensee failed to ensure that all staff provided a police record check prior to working in the Home as required.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Apr 30 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Additional Finding#2: Falls Prevention**RHRA Inspector Findings**

The inspector reviewed the Licensee's falls log and noted that the written record of falls risk was not evaluated in 2023. The Licensee failed to follow their falls policy as required.

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 Finding#3: Food Preparation and Provision**RHRA Inspector Findings**

The inspector reviewed food storage in the kitchen. It was found that foods used in food preparation were not stored using methods to prevent contamination and foodborne illness as required.

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. 20. (2); Food preparation

s. 20. (2); Food preparation

20. (2) The licensee shall ensure that all foods and fluids used in food preparation are prepared, stored, and served using methods to prevent contamination and food borne illness.

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. 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. 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. 48. (1); Approval of the plan of care

s. 48. (1); Approval of the plan of care

48. (1) For the purposes of paragraph 2 of subsection 62 (9) of the Act and subject to subsection (2), the licensee shall ensure that a resident's plan of care is approved by,

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

s. 48. (1), (a)

(a) a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario;

s. 48. (1), (b)

(b) a person acting under the supervision of a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.

The Licensee failed to comply with the RHA s. 48. (2); Approval of the plan of care

s. 48. (2); Approval of the plan of care

48. (2) For the purposes of paragraph 2 of subsection 62 (9) of the Act, 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 the resident's plan of care is approved by a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.

The Licensee failed to comply with the RHA s. 59. (3); Procedure for complaints to licensee

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

59. (3) The licensee shall ensure that,

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

s. 59. (3), (a)

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

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), (c)

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

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. (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.

s. 62. (9), para. 2

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

The Licensee failed to comply with the RHA s. 64. (1); Hiring staff

s. 64. (1); Hiring staff

64. (1) A licensee of a retirement home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers to work in the home.

The Licensee failed to comply with the RHA s. 64. (2); Police background checks

s. 64. (2); Police background checks

64. (2) The screening measures shall include a police background check as defined in the regulations, unless the person being screened is under 18 years of age.

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.

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. 32.; Records

32. If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

s. 32. (a)

(a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered;

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 April 1, 2024
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