

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

**Inspection Information**

**Date of Inspection:** 2/29/2024

**Name of Inspector:** Samantha Smith

**Inspection Type:** Routine Inspection

**Licensee:** ACC-002772 - Thomas and Clover Tuah

**Retirement Home:** Adeline's Lodge

**License Number:** T0191

**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 there were no complaints documented. The inspector interviewed residents and staff and confirmed that there had been complaints shared with the Licensee in recent months. The Licensee failed to ensure that complaints were documented, responded to, and analyzed. 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 Tuesday, April 30, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #3: Other Requirements****RHRA Inspector Findings**

The inspector reviewed a sample of staff files and found that 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 Tuesday, April 30, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #4: Resident Record, Assessment, Plan of Care****RHRA Inspector Findings**

The inspector reviewed a sample of five resident care files and found that two of the plans of care were not based on the assessment, and plans of care were not developed or approved 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 Tuesday, April 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 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 Tuesday, April 30, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

#### **Additional Finding#2: 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. 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. 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. 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. 59. (1); Procedure for complaints to licensee**

**s. 59. (1); Procedure for complaints to licensee**

59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

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

**s. 59. (1), para. 1**

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

**s. 59. (1), para. 2**

2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.

**s. 59. (1), para. 3**

3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.

**s. 59. (1), para. 4**

4. A response shall be made to the person who made the complaint, indicating,

**s. 59. (1), para. 4, 1.**

i. what the licensee has done to resolve the complaint,

**s. 59. (1), para. 4**

4. A response shall be made to the person who made the complaint, indicating,

**s. 59. (1), para. 4, 2.**

ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

**The Licensee failed to comply with the RHA s. 59. (2); Procedure for complaints to licensee**

**s. 59. (2); Procedure for complaints to licensee**

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

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

**s. 59. (2), (a)**

(a) the nature of each verbal or written complaint;

**s. 59. (2), (b)**

(b) the date that the complaint was received;

**s. 59. (2), (c)**

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

**s. 59. (2), (d)**

(d) the final resolution, if any, of the complaint;

**s. 59. (2), (e)**

(e) every date on which any response was provided to the complainant and a description of the response;

**s. 59. (2), (f)**

(f) any response made in turn by the complainant.

**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. (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. 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.*

**Retirement Homes Act, 2010:**

**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.

**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;

**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
<i>Samantha Smith</i>	April 2, 2024