

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

| Inspection Information  |  |
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| <b>Date of Inspection:</b> March 13, 2024                               | <b>Name of Inspector:</b> Julie Hebert |
| <b>Inspection Type:</b> Routine Inspection                              |  |
| <b>Licensee:</b> ACC-003241 - St. Angela's Meadow Retirement Lodge Inc. |  |
| <b>Retirement Home:</b> St. Angela's Meadow Retirement Lodge            |  |
| <b>License Number:</b> S0491  |  |

| About Routine Inspections  |
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| <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   |
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| <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: Complaints</b></p> |

**RHRA Inspector Findings**

The inspector reviewed the Licensee’s complaints log and noted it did not contain a compliant written record for all complaints made to the home which were not resolved within 24 hours. Specifically, the complaint records did not include the nature of each complaint, the date the complaint was received, the type of action that was taken to resolve the complaint, the final resolution, the dates which responses were provided to the complainant and descriptions of the responses, as well as the responses made in turn by the complainant.

In addition, the home failed to provide a written record of the quarterly analysis of complaints which included a review of the complaints and any improvements required to be taken as we result. The Licensee failed to ensure that their written record of a complaint and analysis included all the required elements.

**Outcome**

The Licensee submitted a plan to achieve compliance by April 8, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #2: Emergency Plan**

**RHRA Inspector Findings**

As part of the routine inspection the inspector reviewed the Licensee’s emergency plan and procedures. The inspector reviewed the Licensee’s records of testing for their emergency plans and found that the testing for situations involving epidemics and pandemics has not been completed within the previous 12 months. In addition, the resources, supplies, and equipment vital for the emergency response at the retirement home had not been tested within the previous 12 months to ensure that they are in working order.

Further, the Licensee had not updated the arrangements with community agencies, partner facilities and resources that would be used in responding to an emergency within the previous 12 months. The Licensee failed to ensure that testing of the plan, the supplies, and the updating of arrangements with partners was completed annually as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by April 8, 2024. 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 inspector found that the orientation training for one new staff was not completed prior to the staff member working in the home in the home’s PASD policy.

For the annual training files reviewed, one staff had not received training in the policies for PASDs, Zero tolerance of abuse and complaints.

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

**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. 24. (5); Emergency plan, general****s. 24. (5); Emergency plan, general**

24. (5) The licensee shall,

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

**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. 3**

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

**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.

**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. (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), (h)**

(h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);

**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.

**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. (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.

**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. 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,

**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); 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,

**s. 27. (9), (b)**

(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

## 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>.

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|------------------------|---------------|
| Signature of Inspector | Date          |
| <i>Julie Hebert</i>    | April 2, 2024 |