

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

**Inspection Information**

**Date of Inspection:** August 12, 2024

**Name of Inspector:** Melissa Meikle

**Inspection Type:** Routine Inspection

**Licensee:** ACC-002470 - Chartwell Master Care Corporation

**Retirement Home:** Chartwell Rockcliffe Retirement Residence

**License Number:** N0407

**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 a recent complaint did not have compliant written record. Specifically, the record of the complaint did not include the dates which responses were provided to the complainant and descriptions of the responses and there was no evidence of the quarterly analysis. The Licensee failed to ensure that their written record of a complaint included all the required elements.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 31, 2024. 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 records of testing for their emergency plans and found that there is no record of testing for situations involving the loss of essential services, medical emergency, violent outburst and pandemic and epidemic procedures. The Licensee failed to ensure that testing was done annually as required. Furthermore, there was no evidence of a full evacuation being completed at least every two years, nor that emergency supplies are being monitored are prescribed.

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

The inspector reviewed a sample of resident care files and found that 3 residents did not have interdisciplinary care conferences as prescribed for residents who have identified care needs that include dementia care, skin and wound care and/or the use of a personal assistance services device. Additionally, 1 resident did not have their plan of care revised within 6 months as required and 2 plans of care were not approved as required. The Licensee failed to ensure that the assessments and development of the plans of care were completed as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 23, 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #4: Staff Training****RHRA Inspector Findings**

As part of the inspection, the inspector reviewed staff training records and found that 5 staff members had not completed training on the listed topics upon hire. The Licensee failed to ensure that staff were trained as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by August 28, 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.*

**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. 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. (3); Staff training**

##### **s. 14. (3); Staff training**

14. (3) For the purposes of paragraph 5 of subsection 65 (5) of the Act, every licensee of a retirement home shall ensure that every staff member who provides a care service to a resident has received or receives training in,

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

##### **s. 14. (3), (b)**

(b) each care service offered in the home so that the staff member is able to understand the general nature of each of those services, the standards applicable under the Act to each of those services and the aspects of each of those services that may be relevant to the staff member's own duties in the home.

#### **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), 1.**

(i) the loss of essential services,

##### **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.**

(iii) medical emergencies,

**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,

**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), 4.**

(iv) violent outbursts;

**s. 24. (5), (b)**

(b) at least once every two years, conduct a planned evacuation of the retirement home;

**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. 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. (c)**

(c) neither the licensee nor a staff member administers a drug to a resident in the home unless the

licensee or the staff member has received training in the procedures applicable to the administration of the drug;

**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), 1.**

(i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,

**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. 55. (5); Contents of records**

**s. 55. (5); Contents of records**

55. (5) A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,

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

**s. 55. (5), (c)**

(c) the skills, qualifications and training of the staff who work in the home;

**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;

**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.

**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);

**s. 65. (2), (i)**

(i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties;

**The Licensee failed to comply with the RHA s. 65. (5); Additional training for direct care staff**

**s. 65. (5); Additional training for direct care staff**

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents. in addition to the other training that they are required to receive under this

section:

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

**s. 65. (5), para. 3**

3. Behaviour management.

**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

August 28, 2024