

## FINAL INSPECTION REPORT

### Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: August 30, 2024	Name of Inspector: Michele Clarke
Inspection Type: Routine Inspection	
Licensee: ACC-003080 - 767948 Ontario Limited	
Retirement Home: The LeBlanc Rest Home	
License Number: T0114	

#### 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: Behaviour Management

**RHRA Inspector Findings**

The inspector reviewed a sample of resident records and found a resident that exhibits behaviours harmful to themselves or others, did not have strategies for intervention or techniques to prevent and address these behaviours; furthermore the Licensee failed to include strategies for monitoring behaviour and protocols for staff to communicate harmful behaviours.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Focus Area #2: Complaints****RHRA Inspector Findings**

The inspector reviewed the Licensee's records of complaints and found there was no evidence complaints are being analyzed quarterly as required.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Focus Area #3: Emergency Plan****RHRA Inspector Findings**

The inspector reviewed the Licensee's testing of the emergency plan and found that testing for situations involving loss of essential service, missing resident, violent outburst, medical emergency and situations involving a pandemic or epidemic had not been completed annually as required; furthermore, arrangements with community partners to assist in the event of an emergency were not updated annually. The Licensee was unable to provide evidence of an evacuation testing in the past two years as required.

**Outcome**

The Licensee must take corrective action to achieve compliance.

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

The inspector reviewed a sample of resident records and found a resident's assessment was not based on the resident's needs and preferences. The Licensee failed to ensure every resident has an assessment based on their needs and preferences and a plan of care is developed from that assessment.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Focus Area #5: Staff Training****RHRA Inspector Findings**

The inspector reviewed staff training and found that a staff member had not completed all of the required training prior to working in the home and the Licensee was unable to provide evidence of annual staff training as required.

**Outcome**

The Licensee must take 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. 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. (2); Staff training****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.

**The Licensee failed to comply with the RHA s. 14. (5); Staff training****s. 14. (5); Staff training**

14. (5) The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

**The Licensee failed to comply with the RHA s. 23. (1); Behaviour management****s. 23. (1); Behaviour management**

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

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

(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;

**s. 23. (1), (c)**

(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;

**s. 23. (1), (d)**

(d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.

**The Licensee failed to comply with the RHA s. 24. (4); Emergency plan, general**

**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.

**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), 2.**

(ii) situations involving a missing resident,

**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. 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. 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. 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), (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), (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);

**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  September 27, 2024
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