

FINAL INSPECTION REPORT

Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: 10/28/2024	Name of Inspector: Natalie Fahey
Inspection Type: Routine Inspection	
Licensee: ACC-003271 - Kingsberry Place Ltd.	
Retirement Home: Kingsberry Place Seniors Residence	
License Number: S0123	

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

A review of a resident's record who was identified as having wandering behaviours indicated that the Licensee had not developed a behaviour management strategy that included techniques and strategies to prevent, address and monitor the resident's behaviours. The Licensee failed to implement their behaviour management policy fully.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Dec 03 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

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

The inspector reviewed the Licensee's complaints log and noted that a recent complaint did not have any written record. The Licensee is required to document complaints including the nature of complaint, date the complaint was received, the dates which responses were provided to the complainant and descriptions of the responses including any action taken by the home, as well as the responses made in turn by the complainant. The Licensee failed to follow the required procedures for documenting and responding to complaints.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Dec 03 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

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

The inspector reviewed the Licensee's records of testing for their emergency plans and found that the testing for Pandemics/Epidemics had not been completed. The Licensee failed to ensure that testing was done annually as required. Furthermore, the Licensee did not have a current agreement for transportation in the event of an emergency as required and has had previous non-compliance in this area.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Dec 03 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**

As part of the routine inspection, the inspector reviewed a sample of residents' plan of care. There is a requirement under the Retirement Homes Act that resident plans of care be updated as care needs change. The inspector found that one of the plans was not updated at the time the resident's care needs changed and did not include details of care services being provided to that resident by the home. The Licensee failed to ensure the plans revise and updated in compliance with the legislation.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Dec 03 2024. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #5: 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, Injury prevention, Complaints, Behaviour management, and relevant Care services. 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 also found that two of the home's unregulated care providers (UCPs) had not completed the required training for medication administration. The home was not able to determine that orientation and annual training was being completed in alignment with the regulations.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Dec 03 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: Falls Prevention**RHRA Inspector Findings**

The inspector reviewed the home's falls records and found that the Licensee had not completed an annual evaluation of risk of falls in the home as required and has received previous non-compliance citations in this area.

Outcome

The Licensee submitted a plan to achieve compliance by Tue Dec 03 2024. 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. 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. (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. 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. 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. 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;

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), 3.1

(iii.1) epidemics and pandemics,

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. 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. 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. (4); Contents of plan

s. 62. (4); Contents of plan

62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

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

s. 62. (4), (b)

(b) the planned care services for the resident that the licensee will provide, including,

s. 62. (4), (b), 1.

(i) the details of the services,

s. 62. (4), (b)

(b) the planned care services for the resident that the licensee will provide, including,

s. 62. (4), (b), 2.

(ii) the goals that the services are intended to achieve,

s. 62. (4), (b)

(b) the planned care services for the resident that the licensee will provide, including,

s. 62. (4), (b), 3.

(iii) clear directions to the licensee's staff who provide direct care to the resident;

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), (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);

The Licensee failed to comply with the RHA s. 65. (4); On-going training

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.

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.

Retirement Homes Act, 2010:

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:

s. 62. (9), para. 1

1. The resident or the resident's substitute decision-maker.

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:

s. 62. (9), para. 2

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

Ontario Regulation 166/11:

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

24. (5) The licensee shall,

s. 24. (5), (b)

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

s. 47. (1); Development of plan of care


47. (1) Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident's immediate care needs conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident's immediate care needs.

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 November 18, 2024
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