

FINAL INSPECTION REPORT

Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: October 31, 2024	Name of Inspector: Antonette Whitley-Scott
Inspection Type: Routine Inspection	
Licensee: ACC-003247 - Sienna Ontario RH GP Inc.	
Retirement Home: Aspira Villa Da Vinci Retirement Living	
License Number: T0525	

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 the Home has not been keeping a written record of complaints of any kind. The Licensee failed to ensure that there is a written record of all complaints.

Outcome

The Licensee has demonstrated it has taken corrective action to achieve compliance.

Focus Area #2: Emergency Plan**RHRA Inspector Findings**

The inspector reviewed the Licensee's current arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency and found that there was no current arrangements. The Licensee failed to ensure that there are current arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

Outcome

At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.

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

The inspector's review of resident care files revealed that two residents at high risk for falls lacked care plans with developed, documented, and implemented strategies to reduce or mitigate fall risks in common areas and were not updated as care the care needs of the residents changed. The Licensee failed to ensure residents' care plans addressed fall risks.

Outcome

At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.

Focus Area #4: 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 found that 2 staff members had not been trained prior to being hired. The Licensee failed to ensure that staff were trained at orientation as required.

Outcome

At the time of the inspection, the Licensee was not in compliance. The home has since 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.

Not Applicable

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. (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;

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,

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;

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.

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. 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), (e)

(e) injury prevention;

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), (g)

(g) the licensee's emergency evacuation plan for the home mentioned in subsection 60 (3);

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. (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:

s. 65. (5), para. 3

3. Behaviour management.

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. 23. (1); Behaviour management

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

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. 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.

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,

s. 59. (2), (a)

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

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,

s. 59. (2), (b)

(b) the date that the complaint was received;

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,

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); Procedure for complaints to licensee

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

s. 59. (2), (d)

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

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,

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); Procedure for complaints to licensee

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

s. 59. (2), (f)

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

s. 59. (3); Procedure for complaints to licensee

59. (3) The licensee shall ensure that,

s. 59. (3), (a)

(a) the written record is reviewed and analyzed for trends at least quarterly;

s. 59. (3); Procedure for complaints to licensee

59. (3) The licensee shall ensure that,

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); Procedure for complaints to licensee

59. (3) The licensee shall ensure that,

s. 59. (3), (c)

(c) a written record is kept of each review and of the improvements made in response.

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>Antonette Whitley-Scott</i>	November 22, 2024