

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

Inspection Information	
<b>Date of Inspection:</b> June 23, 2021	<b>Name of Inspector:</b> Cindy Ma
<b>Inspection Type:</b> Routine Inspection	
<b>Licensee:</b> Lifetimes Limited Partnership / 3200 Dufferin Street, Toronto, ON M6A 3B2 (the "Licensee")	
<b>Retirement Home:</b> The Teddington / 4 Teddington Park Avenue, Toronto, ON M4N 2C3 (the "home")	
<b>Licence Number:</b> T0391	

Purpose of Inspection
The RHRA conducts routine inspections as set out in section 77(3) of the <i>Retirement Homes Act, 2010</i> (the "RHA").

NON-COMPLIANCE
<p><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; On-going training.</b> <b>The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p><b>65. (4)</b> 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.</p> <p><b>14. (2)</b> 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.</p>
<p><b>Inspection Finding</b></p> <p>During the inspection, a review of the Licensee's training records revealed that the Licensee failed to ensure that staff were trained annually as required.</p>
<p><b>Outcome</b></p> <p>At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.</p>
<p><b>2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Assessment of resident.</b> <b>The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.</b></p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p>

**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.

**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,  
(b) the resident’s care needs change or the care services set out in the plan are no longer necessary.

**Inspection Finding**

At the time of inspection, the Licensee did not ensure that all residents were reassessed and the plan of care reviewed and revised at least every six months as prescribed. In addition, the Licensee did not update the plans of care at the time the resident’s care needs changed, nor did all plans of care include all resident care needs.

**Outcome**

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

**3. The Licensee failed to comply with O. Reg. 166/11, s. 27; Infection prevention and control program.**

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

**27. (5)** The licensee of a retirement home shall ensure that,  
(0.b) all reasonable steps are taken in the retirement home to follow,  
(i) any directive respecting coronavirus (COVID-19) issued to long-term care homes by the Chief Medical Officer of Health under section 77.7 of the Health Protection and Promotion Act,

**Inspection Finding**

At the time of the inspection, the inspector's observations did not support that the staff followed a directive respecting coronavirus (COVID-19) issued by the Chief Medical Officer of Health under section 77.7 of the Health Protection and Promotion Act, as the staff was not wearing the required PPE and not performing hand hygiene. Further, the Licensee did not screen all residents for symptoms of COVID-19.

**Outcome**

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

**4. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.  
The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Additional training for direct care staff.**

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

**65. (2)** Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents.

(f) fire prevention and safety.

**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:

3. Behaviour management.

**Inspection Finding**

During the inspection, training records reviewed indicated that not all staff had been trained in the areas listed at orientation.

**Outcome**


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

**NOTICE**

The Final Inspection Report is being provided to the Licensee, the Registrar of the Retirement Homes Regulatory Authority (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  July 8, 2021
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