

**REGISTRAR ORDER**  
**Under the *Retirement Homes Act, 2010***

**Order Number:** 2022-S0149-90-01

**Date of Order:** January 21, 2022

**Licensee:** Heritage Green Retirement Home (the “Licensee”)

**Retirement Home:** Heritage Green Retirement Home, Stoney Creek, ON (the “Home”)

**Licence Number:** S0149

**Order Information:** Pursuant to O. Reg. 55/21 (*Compliance Orders for Retirement Homes*), made under the *Emergency Management and Civil Protection Act*, RSO 1990, c E. 9, if the Registrar or Deputy Registrar determines that there is a risk of harm to residents of a retirement home related to COVID-19, the Registrar or Deputy Registrar is authorized to make an order under subsection 90(1) ("Compliance Order") of the *Retirement Homes Act, 2010* (the "Act") requiring the licensee of the retirement home to refrain from doing something, or to do something, for the purpose of preventing, responding to or alleviating the effects of COVID-19.

Pursuant to section 90 of the Act, if the Registrar or Deputy Registrar has reasonable grounds to believe that Heritage Green Retirement Home (the “Licensee”) has contravened a requirement under the Act or Regulation, the Registrar or Deputy Registrar may issue a Compliance Order requiring the licensee to refrain from doing something, or to do something, for the purpose of ending the contravention and achieving compliance.

The Deputy Registrar has determined that there is a risk of harm to residents of Heritage Green Retirement Home (the “Home”) related to COVID-19.

Among other things, the Deputy Registrar has concerns about the following:

- Appropriate use of personal protective equipment at the Home;
- Appropriate screening of visitors and others.

Consequently, the Deputy Registrar issues the within Compliance Order.

This Order shall remain in place until such time as the Deputy Registrar deems it no longer necessary or until O. Reg. 55/21 is revoked, whichever is earlier.

The Licensee shall immediately and for the duration of this Order and at the Licensee’s expense,

- a) Ensure that there is, at all times, a designated individual responsible for the operations of the Home, who is available and who has the appropriate authority to issue directions for improved IPAC measures and staffing, including purchasing necessary equipment(s) and retaining additional staffing personnel.
- b) Ensure that there are a sufficient number of qualified staff in the Home at all times to implement proper IPAC measures, including active screening of all residents, staff, and all individuals entering the Home, environmental cleaning of the Home, and for the provision of care to residents. For added clarity, compliance with this section includes retaining temporary external care providers, personal support workers, regulated health professional, active screeners, and/or professional cleaners as may be required.
- c) Follow and implement all directions, instructions and/or plans related to IPAC or staffing the Home given by the local medical officer of health or designate from the local public health unit.
- d) Ensure that all staff at the Home implement and follow the most up-to-date Chief Medical Officer of Health (CMOH) Directives, issued under section 77.7 of the *Health Protection and Promotion Act*, and in particular Directives #3 and #5, including but not limited to:
  - 1. Conducting active screening and monitoring of all individuals who enter the Home and of the residents of the Home;
  - 2. Implementing a staffing contingency plan to ensure the Home is safe and sanitary for residents and staff during the course of the COVID-19 outbreak;
  - 3. Ensuring staff properly use PPE in the Home; and
  - 4. Conducting internal auditing of IPAC practices to ensure full and proper implementation.
- e) Maintain records of staff training, active screening, environmental cleaning and audits of the Home's IPAC Program;
- f) **Provide the following to the RHRA within 3 business days** of the issuance of this Order:

1. A list of all staff and volunteers who work in the Home and records providing the date upon which each staff member completed their training in the IPAC Program and the applicable CMOH Directives;
2. A work schedule outlining what staff members are present in the Home at any given time;
3. A plan describing what steps the Licensee is taking to ensure there is appropriate staff coverage in the Home at all times;
4. A plan describing what steps the Licensee is taking to audit and monitor all staff, volunteers, and external care providers to ensure they are conducting themselves in accordance with the applicable CMOH Directives;
5. Audit records of active screening, environmental cleaning to demonstrate compliance with IPAC requirements.