RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: February 18, 2022	**Name of Inspector:** Shara Bundy
Inspection Type: Routine Inspection	
Licensee: Sienna Ontario RH GP Inc. / 302 Town Centre Boulevard , Markham, ON L3R 0E8 (the "Licensee")	
Retirement Home: Martindale Gardens Retirement Residence / 45 Martin Street, Milton, ON L9T 2R1 (the "home")	
Licence Number: T0523	

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

NON-COMPLIANCE
1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 74; Licensee's duty to respond to incidents of wrongdoing. Specifically, the Licensee failed to comply with the following subsection(s): **74.** Every licensee of a retirement home shall ensure that, (a) every alleged, suspected or witnessed incident of the following of which the licensee knows or that is reported to the licensee is immediately investigated: (i) abuse of a resident of the home by anyone, (b) appropriate action as determined in the context of this Part and in the circumstances is taken in response to every incident described in clause (a);
Inspection Finding The Licensee failed to take appropriate action in response to an allegation of resident-to-resident abuse. Specifically, the Licensee failed to investigate an incident of alleged abuse, and failed to report the incident to the physicians or substitute decision makers for the residents involved within the required time frame.
Outcome The Licensee has demonstrated it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.
2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Reassessment and revision.

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

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

The Licensee failed to reassess and revise a plan of care for a resident that returned from hospital with a significant change in care needs and falls risk.

Outcome

The Licensee has demonstrated it has taken corrective action to achieve compliance. RHRA to confirm compliance by inspection.

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
Shara Bundy	March 26, 2022