

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

Inspection Information	
<b>Date of Inspection:</b> June 23, 2022	<b>Name of Inspector:</b> Nathalie Bartlett
<b>Inspection Type:</b> Complaint Inspection	
<b>Licensee:</b> Chapel Hill Limited Partnership / 175 Bloor Street, Toronto, ON M4W 3R8 (the "Licensee")	
<b>Retirement Home:</b> Chapel Hill Retirement Residence / 2305 Page Road, Orleans, ON K1W 1H3 (the "home")	
<b>Licence Number:</b> N0387	

Purpose of Inspection
The RHRA received a complaint under section 83(1) of the Retirement Homes Act, 2010 (the "RHA").

NON-COMPLIANCE
<p><b>1. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 62; Persons who approve plans of care.</b></p> <p><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> <p><b>62. (9)</b> 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:</p> <p style="padding-left: 40px;">1. The resident or the resident's substitute decision-maker.</p> <p><b>62. (12)</b> 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,</p> <p style="padding-left: 40px;">(b) the resident's care needs change or the care services set out in the plan are no longer necessary;</p>
<p><b>Inspection Finding</b></p> <p>A report was made to the RHRA regarding the appropriate end-of-life care plan for a resident, and staff training on providing palliative care. As part of the inspection, the inspector reviewed records relating to the resident and interviewed the staff, and family. The inspector found that the resident did not have the plan of care revised at least every six months and when the resident's care needs and services changed as required. The inspector found that the resident did not have an approved plan of care, including any revisions to it, and that a copy is provided to the resident or the resident's substitute decision-maker as required.</p>
<p><b>Outcome</b></p> <p>The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance</p>

by inspection.

**2. The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 65; Training.  
The Licensee failed to comply with O. Reg. 166/11, s. 14; Staff training.**

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,

(i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties;

**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.

**Inspection Finding**

The Inspector reviewed the Licensee's records of training staff on the Licensee's policy regarding palliative care. The Licensee was not able to demonstrate that the staff training was done upon hire and annually as required.

**Outcome**

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

**3. The Licensee failed to comply with O. Reg. 166/11, s. 59; Procedure for complaints to licensee.**

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

**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:

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.
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.
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.
4. A response shall be made to the person who made the complaint, indicating,

**59. (2)** The licensee shall ensure that a written record is kept in the retirement home that includes,  
(a) the nature of each verbal or written complaint;

(b) the date that the complaint was received;

(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;

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

(e) every date on which any response was provided to the complainant and a description of the response;

**Inspection Finding**

The Inspector reviewed the Licensee’s complaints log and noted that a recent complaint did not have a compliant written record. The Licensee failed to investigate, attempt to resolve, provide a response to the complainant, and did not complete a written record of the complaint. The Licensee failed to follow their complaint policy and ensure that their written record of a complaint included all the required elements.

**Outcome**

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

**4. The Licensee failed to comply with O. Reg. 166/11, s. 56; Format and retention of records.**

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

**56. (2)** This section applies to all records that the licensee of a retirement home is required to keep under the Act or this Regulation, including records relating to a resident, and documentation that the licensee is required to keep when providing a care service to a resident.

**56. (3)** The licensee shall ensure that each of the records is kept in a readable and useable format that allows a complete copy of the record to be readily produced.

**56. (4)** The licensee shall ensure that each of the records is retained for a reasonable length of time to be determined based on the nature of the record.

**Inspection Finding**

The Inspector was not able to review all the Licensee’s records relating to a resident, and documentation that the Licensee is required to keep when providing a care service to a resident. The Licensee failed to ensure that each of the records is kept in a readable and useable format that allows a complete copy of the record to be readily produced. The Licensee also failed to ensure that each of the records is retained for a reasonable length of time.

**Outcome**


The Licensee has advised 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 September 27 <sup>th</sup> , 2022
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