

FINAL INSPECTION REPORT Under the Retirement Homes Act, 2010

Inspection Information

Inspection Type: Mandatory Reporting Inspection

Licensee: Chartwell Master Care Corporation / 7070 Derrycrest Drive, Mississauga, ON L5W 0G5 (the

"Licensee")

Retirement Home: Chartwell Pembroke Heritage Retirement Residence / 1111 Pembroke Street, Pembroke,

ON K8A 8P6 (the "home")

Licence Number: N0062

Purpose of Inspection

The RHRA received a report under section 75(1) 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. 67; Policy to promote zero tolerance.

The Licensee failed to comply with the RHA, S.O. 2010, c. 11, s. 75; Reporting certain matters to Registrar.

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

- <u>67. (4)</u> Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.
- **75. (1)** A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Registrar:
 - 2. Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or a risk of harm to the resident.

Inspection Finding

A report was made to the RHRA regarding an alleged incident of resident abuse. The inspector interviewed staff as well as reviewed records of the incident in the home. The inspector confirmed that the Licensee had reason to suspect that the incident may have constituted a criminal offence yet failed to contact police and to immediately notify RHRA as required by their zero tolerance of abuse policy. The Licensee did not ensure their zero tolerance of abuse policy was complied with fully.

Outcome

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

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

As part of the inspection, the inspector reviewed records relating to the resident and confirmed that the Licensee failed to ensure that a resident of the home had the required care needs and directions identified in the plan of care.

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 |
|------------------------|-------------------|
| Dev 2 | November 28, 2022 |

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