

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

Inspection Information	
Date of Inspection: March 23, 2023	Name of Inspector: Nathalie Bartlett
Inspection Type: Routine Inspection	
Licensee: 2840675 Ontario Inc. / 4 Fleming Crescent, Toronto, ON M4G 2A8 (the "Licensee")	
Retirement Home: Billingswood Manor / 1370 Bank Street, Ottawa, ON K1H 8N6 (the "home")	
Licence Number: N0551	

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>1. 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.</p> <p>Specifically, the Licensee failed to comply with the following subsection(s):</p> <p>65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,</p> <p>(i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties;</p> <p>14. (3) For the purposes of paragraph 5 of subsection 65 (5) of the Act, every licensee of a retirement home shall ensure that every staff member who provides a care service to a resident has received or receives training in,</p> <p>(b) each care service offered in the home so that the staff member is able to understand the general nature of each of those services, the standards applicable under the Act to each of those services and the aspects of each of those services that may be relevant to the staff member's own duties in the home.</p>
<p>Inspection Finding</p> <p>The inspector reviewed a sample of staff training records and found that the Licensee failed to ensure that staff was trained in care services offered and upon hire as required.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by August 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.</p>

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

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.

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;
- (f) any response made in turn by the complainant.

59. (3) The licensee shall ensure that,

- (a) the written record is reviewed and analyzed for trends at least quarterly;
- (b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home;
- (c) a written record is kept of each review and of the improvements made in response.

Inspection Finding

The inspector was not able to review the Licensee’s complaints log as there are no noted written records after 2021. The Licensee failed to 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 recorded including the dates on which responses were provided to the complainant and descriptions of the responses, as well as the responses made in turn by the complainant. The Licensee failed to ensure that their written record of a complaint included all the required elements including written records that the complaints were reviewed and analyzed for trends at least quarterly.

Outcome

The Licensee submitted a plan to achieve compliance by August 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.

3. The Licensee failed to comply with O. Reg. 166/11, s. 24; Emergency plan, general.

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

24. (5) The licensee shall,

- (a) on an annual basis at least, test the emergency plan, including arrangements with community

<p>agencies, partner facilities and resources that will be involved in responding to an emergency, related to,</p> <ul style="list-style-type: none"> (i) the loss of essential services, (iii) medical emergencies, (iv) violent outbursts;
<p>Inspection Finding</p> <p>The inspector reviewed the Licensee’s records of testing for their emergency plans and found that the Licensee failed to ensure that the testing for situations involving the loss of essential services, violent outbursts, and medical emergencies was done annually as required.</p>
<p>Outcome</p> <p>The Licensee submitted a plan to achieve compliance by August 2023. RHRA to confirm compliance by following up with the Licensee or by inspection.</p>

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>.

<p>Signature of Inspector</p> 	<p>Date</p> <p>April 10th, 2023</p>
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