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## COMPLIANCE ORDER SUMMARY TO BE MADE AVAILABLE IN HOME

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Pursuant to the *Retirement Homes Act, 2010* S.O. 2010, Chapter 11, section 90.

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Kingsberry Place Ltd.  
o/a Kingsberry Place Seniors Residence  
1221 Limeridge Road E.  
Hamilton, ON L8W 1Y1

### COMPLIANCE ORDER NO. 2024-S0123-90-01

Under section 90 of the *Retirement Homes Act, 2010* (the “Act”), if the Deputy Registrar of the Retirement Homes Regulatory Authority (the “Deputy Registrar” and the “RHRA”, respectively) believes on reasonable grounds that a licensee has contravened a requirement under the Act the Deputy Registrar may serve an order on a licensee ordering it to refrain from doing something, or to do something, for the purpose of ending the contravention and achieving compliance, ensuring that the contravention is not repeated, and that compliance is maintained. The Deputy Registrar issues this Compliance Order (the “Order”) to ensure Kingsberry Place Ltd. (the “Licensee”) operating as Kingsberry Place Seniors Residence (the “Home”) comes into compliance and maintains compliance with the Act and Ontario Regulation 166/11 under the Act (the “Regulation”).

The Contraventions and Order listed below are followed by the reasons for this Order, and information on the appeal process.

### CONTRAVENTION

The Deputy Registrar has reasonable grounds to believe that the Licensee is not in compliance with the following sections of the Act and Regulation:

- Section 14(1) of the Regulation – failure to ensure all staff at the Home receive training on the Licensee’s complaint procedure.
- Section 23(1)(a-c) of the Regulation – failure to develop and implement a written behaviour management strategy.
- Section 27(9) of the Regulation – failure to ensure that all staff at the Home receive training on how to reduce the incidence of infectious disease transmission.
- Section 59(1) & (2)(c-e) of the Regulation – failure to ensure that every written or verbal complaint made the Licensee or a staff member is dealt with in accordance with the Regulation, and failure to ensure that a written record of the complaint is kept in the Home.

- Section 62(6) of the Act – failure to ensure that the plan of care is based on an assessment of the resident and the needs and preferences of the resident.
- Section 62(12) of the Act – failure to ensure that the resident is reassessed, and the plan of care is reviewed and revised at least every six months and at any other time if necessary.
- Section 65(2)(a-h) of the Act - failure to ensure that no staff work in the Home unless they have received the necessary training.
- Section 67(2) of the Act – failure to ensure that the Licensee and the staff of the Home do not neglect the residents.
- Section 67(4) of the Act – failure to ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and failure to ensure that the policy is complied with.
- Section 75(1)(paragraph 2) of the Act – failure to report abuse of a resident by anyone or neglect of a resident by the Licensee or the staff of the Home.

## **BRIEF SUMMARY OF FACTS**

On June 14, 2024, an RHRA inspector conducted an inspection at the Home, following a report that a resident had wandered from the Home.

The resident who was the subject of the report had a history of going for long walks and the Home knew there was a risk of him getting lost. However, the Licensee failed to implement appropriate strategies or interventions to keep the resident safe and prevent harm.

Additionally, the Licensee failed to trigger the Home's missing person procedure when the resident did not return from their walk.

## **REQUIRED ACTION**

Pursuant to section 90 of the Act, the Deputy Registrar orders the Licensee to immediately comply with the following:

1. Within 60 days of the issuance of this Order, provide evidence that all management and staff at the Home have been retrained on the following policies and procedures:
  - i. Zero Tolerance of Abuse and Neglect
  - ii. Behaviour Management
  - iii. Emergency Codes
  - iv. Complaints
  - v. Infection Prevention and Control
2. Within 90 days of this Order, ensure that all management and staff of the Home who provide direct care to residents participate in a training session, provided by a third party acceptable to the RHRA, relating to managing resident behaviours that pose a risk to residents themselves or others, including wandering and exit-seeking behaviour. The

training must address developing and implementing appropriate behaviour management strategies, techniques, interventions, and monitoring.

3. Ensure and demonstrate, within 60 days of this Order, that management and staff of the Home who provide direct care to residents have completed the RHRA Compliance Assistance Module relating to Behaviour Management.
4. Within 90 days of the issuance of this Order, conduct an audit of all residents who are known to exhibit behaviours that pose a risk to themselves or others in the Home and ensure that there is a behaviour management plan in place for each resident that contains clear directions to staff and strategies and interventions to address the residents' behaviours.

All reports and documentation demonstrating compliance with the above-mentioned required actions must be submitted by email to the RHRA's Compliance Monitor at [enforcement@rhra.ca](mailto:enforcement@rhra.ca).

**Issued on September 30, 2024.**