

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

Inspection Information**Date of Inspection:** 2/18/2025**Name of Inspector:** Shara Bundy**Inspection Type:** Routine Inspection**Licensee:** ACC-003151 - Crescent Hill Place Retirement Home Inc.**Retirement Home:** Crescent Hill Place Retirement**License Number:** T0325**About Routine Inspections**

A routine inspection, performed by an RHRA inspector, is a physical inspection of a licensed retirement home. During a routine inspection, an RHRA inspector will walk through the home, speak to residents and staff, observe care services and conditions in the home, and ensure the licensee's management and staff follow mandatory policies and practices designed to protect the welfare of residents.

Following a routine inspection, the RHRA inspector prepares a draft inspection report which is sent to the licensee. The draft report may include instances where the licensee has failed to meet the standards of the *RHA*. If included, the licensee can respond to these instances and is strongly encouraged to inform RHRA of its plans to meet the standards of the *RHA*.

Following the draft report, the RHRA inspector prepares this final inspection report, incorporating any response from the licensee with their plans to meet the standards of the *RHA*. The most recent final inspection report must be posted in the home in a visible and easily accessible location. All final inspection reports from the previous two years must also be made available in an easily accessible location in the home. The licensee must provide a copy of this report to the home's Residents' Council, if one exists.

In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.

If the licensee repeatedly does not meet the required standards, RHRA may take further action.

Focus Areas

During a routine inspection, an inspector will focus primarily on a set number of areas which have been identified as related to the health, safety and wellbeing of resident, and may take various actions to determine whether the licensee is compliant with the RHA in relating to the areas. The areas listed in this section are ones which an inspector has identified as non-compliant.

Focus Area #1: Emergency Plan

RHRA Inspector Findings

The inspectors reviewed the Licensee's records for testing their emergency plans and found that the testing for situations involving the loss of essential services, a missing resident, medical emergencies and pandemic and epidemics were not completed in 2024. The Licensee failed to ensure that their emergency plan is tested annually as required.

Outcome

The Licensee provided information indicating that corrective action was being taken, however, further action must be taken to achieve compliance with all areas outlined in the finding. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #2: Medications**RHRA Inspector Findings**

During the inspection, the inspector observed the staff administer medications and found that the staff failed to ensure that medications were stored in a locked and secured manner as required.

Outcome

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #3: PASDs and Restraints**RHRA Inspector Findings**

During the routine inspection, the inspectors reviewed the health files for several residents and found that the Licensee had failed to ensure that multiple requirements were complied with, relating to the use of PASDs, including assessments, approval for use by a Regulated Health Professional, consent for use by the resident or POA, and that the use of the PASD is included in the resident's plan of care. The Licensee failed to fully comply with the requirements of the RHA regarding the use of PASDs.

Outcome

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #4: Resident Record, Assessment, Plan of Care**RHRA Inspector Findings**

As part of the inspection, the inspectors reviewed a selection of resident health files and found that for one recently admitted resident, the initial assessment and plan of care were not completed within the required timeframe. Additionally, the Licensee failed to hold interdisciplinary care conferences for residents whose care needs may include dementia care, skin and wound care or the use of a personal assistance services device and to ensure that the resident's plan of care takes into account the results of the care conference. The Licensee failed to complete assessments and plans of care as required.

Outcome

The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or by inspection.

Focus Area #5: Resident Rights**RHRA Inspector Findings**

As part of the inspection, the inspectors reviewed the home's Care Home Information Package (CHIP) and found that the Licensee failed to ensure that the information contained in the CHIP is accurate and

updated regarding the minimal level of staffing in the home and the home's policy regarding the use of restraints and PASDs. The Licensee failed to ensure that CHIP contains accurate information as required.

Outcome

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

Focus Area #6: Staff Training

RHRA Inspector Findings

As part of the inspection, the inspectors reviewed the staff training records and found that the staff members who provide care services to the residents of the home, had not received training on the care services provided. The Licensee failed to ensure that staff were trained as required.

Outcome

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

Additional Findings

During a routine inspection, an inspector may observe areas of non-compliance that are not related to the standard focus areas. In these cases, an inspector may cite the home for these contraventions at the time of this inspection. In addition, an inspector may follow-up on findings of non-compliance from previous inspections. Where the licensee is unable to demonstrate they have come into compliance or maintained compliance, an inspector may cite the home for these repeat contraventions at the time of this inspection.

Not Applicable

Current Inspection – Citations

Citations relating to the above Focus Areas or Additional Findings made during the current inspection are listed below.

The Licensee failed to comply with the RHA s. 24. (5); Emergency plan, general

s. 24. (5); Emergency plan, general

24. (5) The licensee shall,

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

s. 24. (5), (a)

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

s. 24. (5), (a), 3.1

(iii.1) epidemics and pandemics,

The Licensee failed to comply with the RHA s. 30.; Storage of drugs or other substances

s. 30.; Storage of drugs or other substances

30. If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

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

s. 30. (a)

(a) the drugs or other substances are stored in an area or a medication cart that,

s. 30. (a), 2.

(ii) is locked and secure,

The Licensee failed to comply with the RHA s. 47. (5); Development of plan of care

s. 47. (5); Development of plan of care

47. (5) If an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident's plan of care and that the resident's plan of care takes into account the results of the care conference.

The Licensee failed to comply with the RHA s. 62. (1); Plan of care

s. 62. (1); Plan of care

62. (1) When a resident commences his or her residency in a retirement home, the licensee shall, within the prescribed times, ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.

The Licensee failed to comply with the RHA s. 62. (6); Assessment of resident

s. 62. (6); Assessment of resident

62. (6) The licensee shall ensure that the plan of care is based on an assessment of the resident and the needs and preferences of the resident.

The Licensee failed to comply with the RHA s. 69. (2); Restrictions on use

s. 69. (2); Restrictions on use

69. (2) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

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

s. 69. (2), (a)

(a) the licensee has considered or tried alternatives to the use of the device but has found that the alternatives have not been, or considers that they would not be, effective to assist the resident with a routine activity of living;

s. 69. (2), (b)

(b) the use of the device is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such devices that would be effective to assist the resident with a routine activity of living;

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 1.

(i) a legally qualified medical practitioner,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 2.

(ii) a member of the College of Nurses of Ontario,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 3.

(iii) a member of the College of Occupational Therapists of Ontario,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 4.

(iv) a member of the College of Physiotherapists of Ontario,

s. 69. (2), (c)

(c) one or more of the following persons have approved the use of the device:

s. 69. (2), (c), 5.

(v) any other prescribed person;

s. 69. (2), (d)

(d) the resident or, if the resident is incapable, the resident's substitute decision-maker, has consented to the use of the device;

s. 69. (2), (e)

(e) the use of the device is included in the resident's plan of care;

s. 69. (2), (f)

(f) the device is used in accordance with the prescribed requirements, if any.

Closed Citations

During an inspection, an inspector may follow-up with areas of non-compliance cited during a previous inspection, or verify compliance with areas initially cited during the current inspection. The inspector has verified that at the time of this report, the licensee was able to demonstrate that the following areas have come into compliance.

Retirement Homes Act, 2010:

s. 54. (1); Information for residents

54. (1) Every licensee of a retirement home shall ensure that,

s. 54. (1), (a)

(a) a package of information that complies with this section is given to every resident of the home and to the substitute decision-maker of the resident, if any, before the resident commences his or her residency;

s. 54. (2); Contents

54. (2) The package of information shall include, at a minimum,

s. 54. (2), (e)

(e) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

s. 62. (10); Compliance with plan

62. (10) The licensee shall ensure that the care services that the licensee provides to the resident are set out in the plan of care and are provided to the resident in accordance with the plan and the prescribed requirements, if any.

s. 62. (12); Reassessment and revision

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,

s. 62. (12); Reassessment and revision

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,

s. 62. (12), (b)

(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

s. 62. (4); Contents of plan

62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

s. 62. (4), (b)

(b) the planned care services for the resident that the licensee will provide, including,

s. 62. (4), (b), 1.

(i) the details of the services,

s. 62. (4); Contents of plan

62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

s. 62. (4), (b)

(b) the planned care services for the resident that the licensee will provide, including,

s. 62. (4), (b), 2.

(ii) the goals that the services are intended to achieve,

s. 62. (4); Contents of plan

62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

s. 62. (4), (b)

(b) the planned care services for the resident that the licensee will provide, including,

s. 62. (4), (b), 3.

(iii) clear directions to the licensee's staff who provide direct care to the resident;

s. 62. (4); Contents of plan

62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

s. 62. (4), (c)

(c) if the resident has consented to the inclusion of the information in the plan of care, the planned care services for the resident that external care providers will provide with the consent of the resident, to the extent that such information is available to the licensee after the licensee has taken all reasonable steps to obtain such information from the resident and the external care provider, including,

s. 62. (4), (c), 1.

(i) the details of the services,

s. 62. (4); Contents of plan

62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each

resident of the home that sets out,

s. 62. (4), (c)

(c) if the resident has consented to the inclusion of the information in the plan of care, the planned care services for the resident that external care providers will provide with the consent of the resident, to the extent that such information is available to the licensee after the licensee has taken all reasonable steps to obtain such information from the resident and the external care provider, including,

s. 62. (4), (c), 2.

(ii) the goals that the services are intended to achieve;

s. 65. (2); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

s. 65. (2), (a)

(a) the Residents' Bill of Rights;

s. 65. (2); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

s. 65. (2), (b)

(b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

s. 65. (2); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

s. 65. (2), (c)

(c) the protection afforded for whistle-blowing described in section 115;

s. 65. (2); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

s. 65. (2), (d)

(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

s. 65. (2); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

s. 65. (2), (e)

(e) injury prevention;

s. 65. (2); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

s. 65. (2), (f)

(f) fire prevention and safety;

s. 65. (2); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

s. 65. (2), (g)

(g) the licensee's emergency evacuation plan for the home mentioned in subsection 60 (3);

s. 65. (2); Training

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

s. 65. (2), (h)

(h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);

s. 65. (4); On-going training

65. (4) The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

s. 65. (5); Additional training for direct care staff

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

s. 65. (5), para. 3

3. Behaviour management.

s. 73. (1); Procedure for complaints to licensee

73. (1) Every licensee of a retirement home shall ensure that there is a written procedure for a person to complain to the licensee about the operation of the home and for the way in which the licensee is required to deal with complaints.

s. 73. (2); Requirements for procedure

73. (2) The procedure shall comply with the regulations.

Ontario Regulation 166/11:

s. 14. (1); Staff training

14. (1) For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure that all staff who work in the home receive training in the procedure described in subsection 73 (1) of the Act for a person to complain to the licensee.

s. 14. (2); Staff training

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.

s. 14. (3); Staff training

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,

s. 14. (3), (b)

(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.

s. 14. (5); Staff training

14. (5) The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

s. 17. (2); Cleanliness

17. (2) Every licensee of a retirement home shall ensure that bathrooms in common areas of the home that are used by residents are adequately stocked with supplies including toilet paper.

s. 17. (3); Cleanliness

17. (3) The licensee shall document the routines and methods used to comply with subsections (1) and (2).

s. 24. (5); Emergency plan, general

24. (5) The licensee shall,

s. 24. (5), (a)

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

s. 24. (5), (a), 1.

(i) the loss of essential services,

s. 24. (5); Emergency plan, general

24. (5) The licensee shall,

s. 24. (5), (a)

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

s. 24. (5), (a), 2.

(ii) situations involving a missing resident,

s. 24. (5); Emergency plan, general

24. (5) The licensee shall,

s. 24. (5), (a)

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

s. 24. (5), (a), 3.

(iii) medical emergencies,

s. 24. (5); Emergency plan, general

24. (5) The licensee shall,

s. 24. (5), (a)

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

s. 24. (5), (a), 4.

(iv) violent outbursts;

s. 24. (5); Emergency plan, general

24. (5) The licensee shall,

s. 24. (5), (b)

(b) at least once every two years, conduct a planned evacuation of the retirement home;

s. 26.; Emergency plan, retirement home with 10 or fewer residents

26. The emergency plan for a retirement home that has the capacity to accommodate 10 or fewer residents shall, in addition to the requirements in section 24, meet the following requirements:

s. 26. para. 4

4. The plan shall require that resources, supplies and equipment vital for the emergency response are set aside, readily available at the home and tested regularly to ensure that they are in working order.

s. 27. (2); Infection prevention and control program

27. (2) The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.

s. 27. (3); Infection prevention and control program

27. (3) The licensee shall keep a written record of the consultation required under subsection (2) that shall include a record of when the consultation took place, what was discussed and any recommendations that the local medical officer of health or designate made.

s. 27. (5); Infection prevention and control program

27. (5) The licensee of a retirement home shall ensure that,

s. 27. (5), (0.a)

(0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home;

s. 27. (5); Infection prevention and control program

27. (5) The licensee of a retirement home shall ensure that,

s. 27. (5), (0.b)

(0.b) all reasonable steps are taken in the retirement home to follow,

s. 27. (5), (0.b), 2.

(ii) any guidance, advice or recommendations respecting coronavirus (COVID-19) that are given to long-term care homes by the Chief Medical Officer of Health and made available on the Government of Ontario's website respecting coronavirus (COVID-19);

s. 27. (9); Infection prevention and control program

27. (9) The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,

s. 27. (9), (a)

(a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items;

s. 27. (9); Infection prevention and control program

27. (9) The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,

s. 27. (9), (b)

(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

s. 29.; Administration of drugs or other substances

29. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,

s. 29. (c)

(c) neither the licensee nor a staff member administers a drug to a resident in the home unless the

licensee or the staff member has received training in the procedures applicable to the administration of the drug;

s. 29.; Administration of drugs or other substances

29. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,

s. 29. (e)

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

s. 29. (e), 1.

(i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,

s. 29.; Administration of drugs or other substances

29. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the administration of a drug or other substance, the licensee shall ensure that,

s. 29. (e)

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

s. 29. (e), 3.

(iii) recognizing an adverse drug reaction and taking appropriate action;

s. 30.; Storage of drugs or other substances

30. If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

s. 30. (b)

(b) controlled substances as defined in the Controlled Drugs and Substances Act (Canada) are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart;

s. 30.; Storage of drugs or other substances

30. If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

s. 30. (c)

(c) an audit of the controlled substances mentioned in clause (b) is performed monthly.

s. 40.; Provision of a meal

40. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the provision of a meal, the licensee shall ensure that,

s. 40. (d)

(d) the menu cycle changes at least every 21 days;

s. 40.; Provision of a meal

40. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the provision of a meal, the licensee shall ensure that,

s. 40. (e)

(e) the menu includes alternative entrée choices at each meal;

s. 40.; Provision of a meal

40. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the provision of a meal, the licensee shall ensure that,

s. 40. (g)

(g) the resident is informed of his or her daily and weekly menu options;

s. 55. (5); Contents of records

55. (5) A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,

s. 55. (5), (c)

(c) the skills, qualifications and training of the staff who work in the home;

s. 59. (1); Procedure for complaints to licensee

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:

s. 59. (1), para. 1

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.

s. 59. (1); Procedure for complaints to licensee

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:

s. 59. (1), para. 2

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.

s. 59. (1); Procedure for complaints to licensee

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:

s. 59. (1), para. 3

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.

s. 59. (1); Procedure for complaints to licensee

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:

s. 59. (1), para. 4

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

s. 59. (1), para. 4, 1.

i. what the licensee has done to resolve the complaint,

s. 59. (1); Procedure for complaints to licensee

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:

s. 59. (1), para. 4

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

s. 59. (1), para. 4, 2.

ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

s. 59. (2); Procedure for complaints to licensee

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

s. 59. (2), (a)

(a) the nature of each verbal or written complaint;

s. 59. (2); Procedure for complaints to licensee

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

s. 59. (2), (b)

(b) the date that the complaint was received;

s. 59. (2); Procedure for complaints to licensee

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

s. 59. (2), (c)

(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;

s. 59. (2); Procedure for complaints to licensee

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

s. 59. (2), (d)

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

s. 59. (2); Procedure for complaints to licensee

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

s. 59. (2), (e)

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

s. 59. (2); Procedure for complaints to licensee

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

s. 59. (2), (f)

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

s. 59. (3); Procedure for complaints to licensee

59. (3) The licensee shall ensure that,

s. 59. (3), (a)

(a) the written record is reviewed and analyzed for trends at least quarterly;

s. 59. (3); Procedure for complaints to licensee

59. (3) The licensee shall ensure that,

s. 59. (3), (b)

(b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home;

s. 59. (3); Procedure for complaints to licensee

59. (3) The licensee shall ensure that,

s. 59. (3), (c)

(c) a written record is kept of each review and of the improvements made in response.

NOTICE

The Final Inspection Report is being provided to the Licensee, the Registrar of 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
<i>Shara Bundy</i>	March 20, 2025