

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

**Inspection Information****Date of Inspection:** February 24, 2025**Name of Inspector:** Antonette Whitley-Scott**Inspection Type:** Routine Inspection**Licensee:** ACC-002772 - Thomas and Clover Tuah**Retirement Home:** Adeline's Lodge**License Number:** T0191**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: Complaints**

**RHRA Inspector Findings**

The inspector reviewed the Licensee's complaints log and noted that there are written complaints and that responses were being provided to the complainant. However, the written record is not being reviewed and analyzed for trends at least quarterly. The Licensee failed to ensure that the written record is reviewed and analyzed for trends at least quarterly; and that the results of the review and analysis are taken into account in determining what improvements are required in the retirement home.

**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 #2: Emergency Plan****RHRA Inspector Findings**

The inspector reviewed the Licensee's epidemic and pandemic policy and it was found that the plan still lacks sufficient details regarding the maintenance of resources and Personal Protective Equipment (PPE) supplies. Specifically, while the plan mentions the need for a stockpile of supplies, it fails to provide a list of vendors or contacts for accessing additional supplies. The Licensee failed to ensure that the emergency plan provides for dealing with epidemics and pandemics adequately.

**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: Other Requirements****RHRA Inspector Findings**

The inspector reviewed the staff screening measures and discovered that two individuals had not completed the required Police Background Check and Vulnerable Sector Screening (VSS). The Licensee failed to ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers to work in the home.

**Outcome**

The Licensee submitted a plan to achieve compliance by Fri Apr 04 2025. 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**

The inspector reviewed a sample of resident care files and found that 3 residents did not have their plans of care approved appropriately, as there was no evidence that the plans had been approved by the residents or their substitute decision makers, nor the authorized person from the Home. The Licensee failed to ensure that all resident plans of care had been approved as required. Additionally, a residents plan of care was found to not be based on an assessment of the resident.

**Outcome**

The Licensee submitted a plan to achieve compliance by Sun Apr 13 2025. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #5: Staff Training**

**RHRA Inspector Findings**

The inspector reviewed staff training records and found that one staff member, an unregulated care provider who was administering medications, had not been trained on the required areas specific to that care service since 2023. The Licensee failed to ensure that staff were trained 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.

**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.*

**Additional Finding#1: Falls Prevention****RHRA Inspector Findings**

The inspector reviewed the Licensee's fall log and noted that the Home has not been maintaining a record of falls in the Home nor analyzing the fall trends in the Home. Specifically, the staff made reference to a recent fall by a resident and there is no record of the fall to include the date of the fall nor descriptions of the actions taken in response to the fall. The Licensee failed to ensure that falls are documented, including responses to the fall and the corrective actions taken. Additionally, the Home failed to evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

**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.

**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. 62. (9); Persons who approve plans of care****s. 62. (9); Persons who approve plans of care**

62. (9) 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:

**Specifically, the Licensee failed to comply with the following subsection(s):****s. 62. (9), para. 2**

2. The prescribed person if there is a person prescribed for the purpose of this paragraph.

**The Licensee failed to comply with the RHA s. 64. (1); Hiring staff****s. 64. (1): Hiring staff**

64. (1) A licensee of a retirement home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers to work in the home.

**The Licensee failed to comply with the RHA s. 64. (2); Police background checks**

**s. 64. (2); Police background checks**

64. (2) The screening measures shall include a police background check as defined in the regulations, unless the person being screened is under 18 years of age.

**The Licensee failed to comply with the O. Reg. 166/11 s. 14. (5); Staff training**

**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).

**The Licensee failed to comply with the O. Reg. 166/11 s. 25. (3); Emergency plan, retirement home with more than 10 residents**

**s. 25. (3); Emergency plan, retirement home with more than 10 residents**

25. (3) The licensee shall ensure that the emergency plan provides for the following:

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

**s. 25. (3), para. 1**

1. Dealing with,

**s. 25. (3), para. 1, 5.1**

v.1 epidemics and pandemics,

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

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

59. (3) The licensee shall ensure that,

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

**s. 59. (3), (a)**

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

**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), (c)**

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

**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. 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.

**Ontario Regulation 166/11:**

**s. 48. (1); Approval of the plan of care**

48. (1) For the purposes of paragraph 2 of subsection 62 (9) of the Act and subject to subsection (2), the licensee shall ensure that a resident's plan of care is approved by,

**s. 48. (1), (a)**

(a) a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario;

**s. 48. (1); Approval of the plan of care**

48. (1) For the purposes of paragraph 2 of subsection 62 (9) of the Act and subject to subsection (2), the licensee shall ensure that a resident's plan of care is approved by,

**s. 48. (1), (b)**

(b) a person acting under the supervision of a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.

## 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>Antonette Whitley-Scott</i>	March 18, 2025