

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

Inspection Information	
Date of Inspection: May 14, 2025	Name of Inspector: Georges Gauthier
Inspection Type: Routine Inspection	
Licensee: ACC-009355 - 1000801413 Ontario Inc	
Retirement Home: Country View Care	
License Number: N01514	

About Routine Inspections
<p>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.</p> <p>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 <i>RHA</i>. 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 <i>RHA</i>.</p> <p>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 <i>RHA</i>. 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.</p> <p>In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.</p> <p>If the licensee repeatedly does not meet the required standards, RHRA may take further action.</p>

Focus Areas
<p><i>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.</i></p> <p><b>Focus Area #1: Emergency Plan</b></p>

**RHRA Inspector Findings**

The inspector reviewed documents related to the Licensee's emergency plan. There was no evidence of current arrangements, it did not address epidemics and pandemics, the lines of authority were no longer valid, and the communications plan was no longer applicable. The Licensee failed to ensure some of the emergency plan requirements were fully addressed.

**Outcome**

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

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

The inspector followed up on previous non-compliances related to medication administration. A document presented as a medication administration policy did not fully address the legislation. Further, the medication administration record had not been completed for medications administered earlier in the day. Furthermore, the home did not have any evidence of prescriptions for medications being administered. In addition, there were several instances of medications left insecure within the home. The Licensee failed to ensure the medication management requirements had been fully met.

**Outcome**

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

**Focus Area #3: Resident Record, Assessment, Plan of Care****RHRA Inspector Findings**

The inspector reviewed a sample of resident care files and found that several assessments had not been fully completed. Further, not all residents had been assessed and a plan of care developed when required. Furthermore, at least one resident had not been reassessed and the plan of care reviewed and revised every six months. In addition, several plans of care did not have the required approvals. The Licensee failed to ensure the plan of care provisions had been fully met.

**Outcome**

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

**Focus Area #4: Resident Rights****RHRA Inspector Findings**

The inspector followed up on previous non-compliances related to residents' information packages. There was no evidence to show an information package had been developed and provided to residents. The Licensee failed to ensure the information package provisions had been met.

**Outcome**

The Licensee submitted a plan to achieve compliance by June 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 the Licensee's training records to assess compliance and to follow-up on previous non-compliances. There was no evidence to show a new staff member had received the

required training. Further, there was no evidence of training of staff for the care services provided by the home. Furthermore, the training evidence provided for medication administration did not demonstrate compliance in the related listed items. The Licensee failed to ensure the training requirements were fully met.

**Outcome**

The Licensee submitted a plan to achieve compliance by June 13, 2025. 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: Consumer Protection**

**RHRA Inspector Findings**

The inspector reviewed resident agreements in response to previous findings of non-compliance. The contents of the agreements did not address the requirements. The Licensee failed to ensure the agreement requirements had been fully met.

**Outcome**

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

**Additional Finding#2: Food Preparation and Provision**

**RHRA Inspector Findings**

During the inspection and following previous findings of non-compliance, the inspector reviewed menus, postings, and made observations of the meal service. The evidence did not show that the meals were in line with the Canada Food Guide and that residents were informed of their daily and weekly menu options. The Licensee failed to ensure the requirements for the provision of meals had been fully addressed.

**Outcome**

The Licensee submitted a plan to achieve compliance by June 13, 2025. 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. 53. (2); Contents of agreement**

**s. 53. (2); Contents of agreement**

53. (2) The agreement shall contain the prescribed requirements.

## **The Licensee failed to comply with the RHA s. 54. (1); Information for residents**

### **s. 54. (1); Information for residents**

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

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

##### **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. (1), (b)**

(b) the package of information is made available to family members of a resident of the home and persons of importance to the resident if the resident or the resident's substitute decision-maker so consents;

##### **s. 54. (1), (c)**

(c) the package of information is accurate and revised as necessary;

##### **s. 54. (1), (d)**

(d) any material revisions to the package of information are provided to any person who has received the original package and who is still a resident of the home or substitute decision-maker of a resident of the home.

## **The Licensee failed to comply with the RHA s. 54. (2); Contents**

### **s. 54. (2); Contents**

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

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

##### **s. 54. (2), (a)**

(a) the Residents' Bill of Rights;

##### **s. 54. (2), (b)**

(b) a statement that, if the retirement home also falls within the meaning of a care home as defined in the Residential Tenancies Act, 2006, nothing in this Act overrides or affects the provisions of the Residential Tenancies Act, 2006 that would otherwise apply with respect to the home as a care home;

##### **s. 54. (2), (c)**

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

##### **s. 54. (2), (d)**

(d) the licensee's procedure for complaints mentioned in subsection 73 (1);

##### **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. 54. (2), (f)**

(f) the name, telephone number and e-mail address of the licensee;

##### **s. 54. (2), (g)**

(g) information about the role of the Authority and its contact information;

**s. 54. (2), (h)**

(h) information about the Residents' Council, including any information that the Residents' Council provides for inclusion in the package;

**s. 54. (2), (i)**

(i) an explanation of the protection afforded for whistle-blowing described in section 115;

**s. 54. (2), (j)**

(j) information relating to the contents of the written agreement that section 53 requires each of the residents and the licensee to make;

**s. 54. (2), (k)**

(k) an itemized list of the different types of accommodation and care services provided in the retirement home and their prices;

**s. 54. (2), (l)**

(l) a statement that a resident may purchase or apply for care services, other services, programs or goods from external care providers;

**s. 54. (2), (m)**

(m) information about the licensee's process for assisting residents to purchase or apply for care services and other services, programs or goods from external providers;

**s. 54. (2), (n)**

(n) information regarding the rights of residents if the licensee chooses to reduce or discontinue the care services that the licensee provides to residents;

**s. 54. (2), (o)**

(o) disclosure of any non-arm's length relationships that exist between the licensee and external care providers;

**s. 54. (2), (p.1)**

(p.1) contact information for the local health integration network within the meaning of Local Health System Integration Act, 2006 for the geographic area in which the retirement home is located;

**s. 54. (2), (q)**

(q) information relating to the assessments required to prepare a plan of care, including a resident's right to apply for publicly funded assessments;

**s. 54. (2), (r)**

(r) information about the licensee's process for assisting a resident in his or her transition to a long-term care home or other place of residence;

**s. 54. (2), (s)**

(s) information as to whether the retirement home has automatic sprinklers in each resident's room;

**s. 54. (2), (t)**

(t) information relating to staffing, including night time staffing levels and qualifications of staff of the retirement home;

**s. 54. (2), (u)**

(u) a statement as to whether the retirement home is required under subsection 60 (2) to have a resident-staff communication and response system and whether the home has such a system and, if so, details of the system;

**s. 54. (2), (v)**

(v) all other information that is prescribed.

**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. 1**

1. The resident or the resident's substitute decision-maker.

**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. 65. (2); Training**

**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,

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

**s. 65. (2), (a)**

(a) the Residents' Bill of Rights;

**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), (c)**

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

**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), (e)**

(e) injury prevention;

**s. 65. (2), (f)**

(f) fire prevention and safety;

**s. 65. (2), (g)**

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

**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. (2), (j)**

(j) all other prescribed matters.

**The Licensee failed to comply with the RHA s. 62. (12); Reassessment and revision**

**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,

**The Licensee failed to comply with the O. Reg. 166/11 s. 25. (4); Emergency plan, retirement home**

**with more than 10 residents**

**s. 25. (4); Emergency plan, retirement home with more than 10 residents**

25. (4) The licensee shall ensure that the emergency plan addresses the following components:

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

**s. 25. (4), para. 1**

1. Plan activation.

**s. 25. (4), para. 2**

2. Lines of authority.

**s. 25. (4), para. 3**

3. Communications plan.

**The Licensee failed to comply with the O. Reg. 166/11 s. 9.; Agreement before resident commences residency**

**s. 9.; Agreement before resident commences residency**

9. The agreement that subsection 53 (1) of the Act requires the licensee of a retirement home to enter into with a resident of the home shall contain,

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

**s. 9. (a)**

(a) the heading Retirement Homes Act, 2010 Provisions or the equivalent of that heading in the language of the agreement if the agreement is not in English;

**s. 9. (d)**

(d) under the heading mentioned in clause (a), a statement from the licensee that,

**s. 9. (d), 1.**

(i) the licensee has given to the resident the package of information required by clause 54 (1) (a) of the Act,

**s. 9. (d)**

(d) under the heading mentioned in clause (a), a statement from the licensee that,

**s. 9. (d), 2.**

(ii) the package includes all of the information required under subsection 54 (2) of the Act,

**The Licensee failed to comply with the O. Reg. 166/11 s. 14. (3); Staff training**

**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,

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

**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.

**The Licensee failed to comply with the O. Reg. 166/11 s. 24. (4); Emergency plan, general**

**s. 24. (4); Emergency plan, general**

24. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

**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. 47. (1); Development of plan of care**

**s. 47. (1); Development of plan of care**

47. (1) Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident's immediate care needs conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident's immediate care needs.

**The Licensee failed to comply with the O. Reg. 166/11 s. 47. (2); Development of plan of care**

**s. 47. (2); Development of plan of care**

47. (2) No later than 21 days after a resident commences residency in a retirement home, the licensee of the home shall develop a complete plan of care for the resident based on the full assessment of the resident's care needs and preferences conducted under section 44 that takes into account all of the matters that must be considered in a full assessment.

**The Licensee failed to comply with the O. Reg. 166/11 s. 55. (5); Contents of records**

**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,

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

**s. 55. (5), (c)**

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

**The Licensee failed to comply with the O. Reg. 166/11 s. 43. (1); Initial assessment of care needs**

**s. 43. (1); Initial assessment of care needs**

43. (1) Subject to section 45, no later than two days after a resident commences residency in a retirement home, the licensee of the home shall ensure that an initial assessment of the resident's immediate care needs is conducted.

**The Licensee failed to comply with the O. Reg. 166/11 s. 43. (2); Initial assessment of care needs**

**s. 43. (2); Initial assessment of care needs**

43. (2) The initial assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

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

**s. 43. (2), para. 1**

1. Continence.

**s. 43. (2), para. 2**

2. Presence of infectious diseases.

**s. 43. (2), para. 5**

5. Dietary needs including known food restrictions.

**s. 43. (2), para. 6**

6. Cognitive ability.

**s. 43. (2), para. 7**

7. Risk of harm to self and to others.

**s. 43. (2), para. 8**

8. Risk of wandering.

**s. 43. (2), para. 9**

9. Needs related to drugs and other substances.

**The Licensee failed to comply with the O. Reg. 166/11 s. 44. (2); Full assessment of care needs**

**s. 44. (2); Full assessment of care needs**

44. (2) The full assessment mentioned in subsection (1) shall consider the following matters with respect to the resident:

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

**s. 44. (2), para. 1**

1. Physical and mental health.

**s. 44. (2), para. 2**

2. Functional capacity.

**s. 44. (2), para. 3**

3. Cognitive ability.

**s. 44. (2), para. 4**

4. Behavioural issues.

**s. 44. (2), para. 5**

5. Need for care services.

**s. 44. (2), para. 6**

6. Need for assistance with the activities of daily living.

**s. 44. (2), para. 7**

7. The matters listed in subsection 43 (2).

**s. 44. (2), para. 8**

8. Any other matter relevant to developing a plan of care for the resident.

**The Licensee failed to comply with the O. Reg. 166/11 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 O. Reg. 166/11 s. 14. (1); Staff training**

**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.

**The Licensee failed to comply with the O. Reg. 166/11 s. 27. (9); Infection prevention and control program**

**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,

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

**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), (b)**

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

**The Licensee failed to comply with the O. Reg. 166/11 s. 29.; Administration of drugs or other substances**

**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,

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

**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. (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. (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), 2.**

(ii) the safe disposal of syringes and other sharps,

**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;

**The Licensee failed to comply with the O. Reg. 166/11 s. 31. (1); Medication management system**

**s. 31. (1); Medication management system**

31. (1) 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 establish a medication management system, which includes written policies and procedures, to ensure that all drugs and other substances to be administered to residents of the home are acquired, received in the home, stored, dispensed, administered, destroyed and disposed of correctly as required by law and in accordance with prevailing practices.

**The Licensee failed to comply with the O. Reg. 166/11 s. 32.; Records**

**s. 32.; Records**

32. If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

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

**s. 32. (a)**

(a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered;

**s. 32. (b)**

(b) if a drug is administered, there is written evidence that the drug was prescribed for the resident by a person who is authorized to prescribe a drug under section 27 of the Regulated Health Professions Act, 1991;

**The Licensee failed to comply with the O. Reg. 166/11 s. 40.; Provision of a 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,

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

**s. 40. (b)**

(b) menus provide adequate nutrients, fibre and energy for the resident, include fresh seasonal foods and are consistent with standards of good nutrition in Canada;

**s. 40. (e)**

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

**s. 40. (g)**

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

**The Licensee failed to comply with the O. Reg. 166/11 s. 44. (1); Full assessment of care needs**

**s. 44. (1); Full assessment of care needs**

44. (1) Subject to section 46, no later than 14 days after a resident commences residency in a retirement home, the licensee shall ensure that a full assessment of the resident's care needs and preferences is conducted.

**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. 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.

**Ontario Regulation 166/11:**

**s. 20. (4); Food preparation**

20. (4) The licensee shall ensure that whenever food is prepared in the retirement home, at least one person involved in preparing the food holds a current certificate in food handling from the local public health unit or has recently successfully completed a food handling training program equivalent to that offered by public health units.

**s. 20. (4), (a)**

(a) holds a current certificate in food handler training from a local board of health or an agency of the board of health;

**s. 22. (2); Risk of falls**

22. (2) If a resident of a retirement home falls in a common area of the home or while being assisted by the licensee or staff, the licensee shall ensure that,

**s. 22. (2), (c)**

(c) the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.

**s. 23. (1); Behaviour management**

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

**s. 23. (1), (a)**

(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;

**s. 23. (1); Behaviour management**

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

**s. 23. (1), (b)**

(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;

**s. 23. (1); Behaviour management**

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

**s. 23. (1), (c)**

(c) strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home;

**s. 23. (1); Behaviour management**

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

**s. 23. (1), (d)**

(d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.

**s. 23. (2); Behaviour management**

23. (2) The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.

**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.

## 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 June 10, 2025
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