

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

**Inspection Information**

**Date of Inspection:** May 28, 2025

**Name of Inspector:** Melissa Meikle

**Inspection Type:** Routine Inspection

**Licensee:** ACC-003222 - Ashcroft Homes - La Promenade Inc

**Retirement Home:** Promenades Seniors' Suites

**License Number:** N0519

**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 a recent complaint did not have compliant written records. Specifically, the record of the complaint did not include the nature of the complaint, dates received and/or 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.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance.

**Focus Area #2: Resident Record, Assessment, Plan of Care****RHRA Inspector Findings**

The inspector reviewed resident care files and found that 2 residents did not have their plans of care revised within the prescribed time. The inspector confirmed that the Licensee failed to ensure that the resident was reassessed and that the plan of care was reviewed and revised at least every six months as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by June 30, 2025. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #3: Staff Training****RHRA Inspector Findings**

As part of the inspection the inspector reviewed staff training records and found that 4 staff members had not completed training on the listed topics upon hire and 2 staff members had not completed all the annual training. The Licensee failed to ensure that staff were trained as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by June 30, 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.*

**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. 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);

**The Licensee failed to comply with the RHA s. 65. (4); On-going training**

**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.

**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. 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. 14. (2); Staff training**

**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.

**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. 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.

**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. (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:

**s. 62. (9), para. 1**

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

**Ontario Regulation 166/11:**

**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. 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. 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. (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.

## 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 <i>Melissa Meikle</i>	Date June 13, 2025
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