RHRA Retirement Homes Regulatory Authority

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

| **Inspection Information** | |
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| **Date of Inspection: June 3, 2025** | **Name of Inspector: Georges Gauthier** |
| **Inspection Type: Responsive Inspection – Mandatory Report** | |
| **Licensee: ACC-003243 - 10592293 Canada Corporation** | |
| **Retirement Home: Hillside Haven** | |
| **License Number: T0553** | |

**About Responsive Inspections**

A responsive inspection, performed by an RHRA inspector, is a physical inspection of a licensed retirement home. A responsive inspection is conducted when RHRA receives information that the licensee may have failed to meet the standards of the *Retirement Homes Act, 2010* or its regulations (the "*RHA*"). An inspection being conducted does not imply that an allegation is substantiated or that a contravention of the RHA has occurred. A licensee is required to report to RHRA if they suspect harm or risk of harm to a resident. During a responsive inspection, an RHRA inspector may observe the operations of the home, interview relevant individuals, review records and other documentation, and determine whether the licensee's management and staff have followed mandatory policies and practices designed to protect the welfare of residents.

Following a responsive 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 there is a serious incident or the licensee repeatedly does not meet the required standards, RHRA may take further action.

**Concern(s)**

*During a responsive inspection, an inspector will focus primarily on the concern(s) which prompted the*

*inspection and may take various actions to determine whether the licensee is compliant with the RHA in relation to the concern(s). Any findings of non-compliance identified in relation to these concerns are listed below.*

**Concern #1: CON-5352-Improper or Incompetent Treatment or Care**

**RHRA Inspector Findings**

A report was made to RHRA regarding ongoing incidents of a resident who had a history of falls because of behaviours related to the consumption of alcohol. As part of the inspection in response to the allegation, the inspector interviewed potential witnesses, reviewed the resident's care files, and reviewed the Licensee's behaviour management strategy. The inspector found several instances where the behaviour led to falls, injury, and hospitalization. There was no evidence of the implementation of a behaviour management strategy to prevent, intervene, and monitor the resident in response to his behaviours. Further, there was no evidence to show the resident had participated in the development of the care plan nor had it been approved by the resident. The Licensee failed to ensure the behaviour management and care planning provisions had been fully met.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Concern #2: CON-5353-Improper or Incompetent Treatment or Care**

**RHRA Inspector Findings**

A report was made to RHRA regarding a resident with wandering behaviours and confusion. On two occasions the resident left unbeknownst to staff. On one occasion the resident was located by a staff member who had stopped at a bank while on the way to work at the retirement home. On another occasion, staff at the home were contacted by phone and advised the resident was south of town on the highway where she was picked up by staff about eight kilometers away. As part of the inspection in response to the allegation, the inspector interviewed potential witnesses, reviewed the resident's care files, and reviewed the Licensee's behaviour management strategy. The inspector found there was no evidence of the implementation of a behaviour management strategy to prevent, intervene, monitor, and there was no evidence to show oncoming staff were informed of the behaviours. Further, there was no evidence to show a plan of care had been developed as required. The Licensee failed to ensure the behaviour management and plan of care provisions had been fully met.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Concern #3: CON-5354-Other**

**RHRA Inspector Findings**

A report was made to RHRA regarding a complaint made to a staff member about noise caused by a staff member's daughter and male friend. As part of the inspection in response to the allegation, the inspector interviewed potential witnesses, reviewed the Licensee's complaints policy, and examined a complaint log. The inspector found that the complaint did not appear in the log and there was no evidence to show the complaint had been addressed as required. The Licensee failed to ensure the complaint had been addressed as required.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Concern #4: CON-5355-Medication Administration**

**RHRA Inspector Findings**
A report was made to RHRA regarding the training of staff in relation to medication administration. As part of the inspection in response to the allegation, the inspector interviewed potential witnesses, reviewed the Licensee's medication administration policy, and reviewed the training records available. The inspector found there was no evidence to show the requirements had been fully met. The Licensee failed to ensure the medication administration training provisions had been fully met.

**Outcome**
The Licensee must take corrective action to achieve compliance.

**Concern #5: CON-5533-Improper or Incompetent Treatment or Care**

**RHRA Inspector Findings**
A report was made to RHRA regarding the admission of a resident with elevated care needs in the home. As part of the inspection in response to the allegation, the inspector interviewed potential witnesses and reviewed the resident's care records. The inspector found there was no evidence of an initial assessment or that an initial plan of care had been developed within two days of the resident's admission. The Licensee failed to ensure the related assessment and plan of care provisions had been fully met.

**Outcome**
The Licensee must take corrective action to achieve compliance.

**Additional Findings**
*During a responsive inspection, an inspector may observe areas of non-compliance that are not related to the concern(s) which prompted the inspection. 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: CON-5620-Medication Storage**

**RHRA Inspector Findings**
While conducting this inspection, the inspector made a finding unrelated to the purpose of the inspection. The inspector followed up on previous findings of non-compliance and inspected the home's medication storage fridge. It was found to be insecure contrary to the medication storage requirements of the legislation. The Licensee failed to ensure the medication storage requirements had been fully addressed.

**Outcome**
The Licensee must take corrective action to achieve compliance.

**Additional Finding#2: CON-5621-Emergency Plan**

**RHRA Inspector Findings**
While conducting this inspection, the inspector made a finding unrelated to the purpose of the inspection. The inspector followed up on previous findings of non-compliance and reviewed the emergency plan presented and it did not contain a plan for epidemics and pandemics and a separate document presented did not fully address the requirements. Further, there was no evidence of testing the emergency plan for epidemics and pandemics. The Licensee failed to ensure the related emergency plan requirements had been fully addressed.

**Outcome**
The Licensee must take corrective action to achieve compliance.

**Additional Finding#3: CON-5622-Maintenance**

**RHRA Inspector Findings**
While conducting this inspection, the inspector made a finding unrelated to the purpose of the inspection. The inspector followed up on previous findings of non-compliance and reviewed the homes maintenance policy and viewed several residents' units at the home where it was found that the ceilings and parts of walls were in disrepair. The Licensee failed to ensure the related maintenance requirement had been fully addressed.

**Outcome**
The Licensee must take corrective action to achieve compliance.

**Additional Finding#4: CON-5626-Staff Screening**

**RHRA Inspector Findings**
While conducting this inspection, the inspector made a finding unrelated to the purpose of the inspection. The inspector followed up on previous findings of non-compliance and reviewed available staff records to confirm staff background checks included a police records check that includes a vulnerable sector check. The evidence showed some staff did not have the necessary checks completed as required. The Licensee failed to ensure the related requirements had been fully addressed.

**Outcome**
The Licensee must take corrective action to achieve compliance.

**Additional Finding#5: CON-5627-Training**

**RHRA Inspector Findings**
While conducting this inspection, the inspector made a finding unrelated to the purpose of the inspection. The inspector followed up on previous findings of non-compliance and reviewed staff training records. There were many instances of there being no evidence to show some staff had received the necessary training. The Licensee failed to ensure the related training and retraining requirements had been fully addressed.

**Outcome**
The Licensee must take corrective action to achieve compliance.

**Current Inspection – Citations**
*Citations relating to the above Concerns 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. 1**
1. The resident or the resident's substitute decision-maker.

**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 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. (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. (5); Involvement of resident, etc.**

**s. 62. (5); Involvement of resident, etc.**
62. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate in the development, implementation and reviews of the resident's plan of care.

**The Licensee failed to comply with the O. Reg. 166/11 s. 23. (1); Behaviour management**

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

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

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

**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. 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. 13. (2); Hiring staff and volunteers**

**s. 13. (2); Hiring staff and volunteers**
13. (2) The police background check shall include a vulnerable sector screen to determine the person's suitability to be a staff member or volunteer in a retirement home and to protect residents from abuse and neglect.

**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. 19. (1); Maintenance**

**s. 19. (1); Maintenance**
19. (1) Every licensee of a retirement home shall ensure that a maintenance program is in place to ensure that the building forming the retirement home, including both interior and exterior areas and its operational systems, are maintained in good repair.

**The Licensee failed to comply with the O. Reg. 166/11 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 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. 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. 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. 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. 59. (1); Procedure for complaints to licensee**

**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:

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

**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), 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), 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), 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), 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.

**The Licensee failed to comply with the O. Reg. 166/11 s. 59. (2); Procedure for complaints to licensee**

**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,

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

**s. 59. (2), (a)**
(a) the nature of each verbal or written complaint;

**s. 59. (2), (b)**
(b) the date that the complaint was received;

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

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

**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.*

**Ontario Regulation 166/11:**

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

**s. 30. (a), 1.**
(i) is used exclusively for drugs or other substances and for supplies related to drugs or other substances,

# 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 |
| --- | --- |
| Georges Gauthier Digitally signed by Georges Gauthier Date: 2025.07.09 06:58:21 -04'00' | July 9, 2025 |