

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

Inspection Information	
Date of Inspection: June 18, 2025	Name of Inspector: Douglas Crust
Inspection Type: Responsive Inspection – Compliance	
Licensee: ACC-003010 - Tomclo Properties Ltd.	
Retirement Home: Greenway Lodge Retirement Home	
License Number: T0190	

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-5580-Behaviour Management**RHRA Inspector Findings**

The inspector reviewed a resident's care file. A behaviour management strategy was developed for the resident who demonstrates behaviours. The behaviour management strategy does not include any reference to monitoring the resident for behaviours. The Licensee failed to develop and implement a behaviour management strategy for a resident which meets the prescribed requirement.

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.

Concern #2: CON-5581-Assistance with ADLs-Continence Care**RHRA Inspector Findings**

The inspector reviewed the Licensee's continence care policy. The policy does not include measures to prevent constipation, including nutrition and hydration protocols. The Licensee failed to establish a continence care policy that meets the prescribed requirements.

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.

Concern #3: CON-5582-Resident Record, Assessment, Plan of Care**RHRA Inspector Findings**

The inspector reviewed a sample of resident care files and found that four residents did not have their plans of care approved appropriately, as there was no evidence that the plans had been approved by a prescribed person on behalf of the Licensee. In addition, the plan of care for one resident was not reviewed and revised despite the resident receiving an additional care service after the resident's admission to the Home. Finally, there was no evidence of an interdisciplinary care conference as part of the development of the plan of care for a resident with a diagnosis of dementia. The Licensee failed to ensure that all resident plans of care were approved as required, that the plan of care for a resident with changed care needs was reviewed and revised, and that an interdisciplinary care conference was completed for a resident with needs related to dementia.

Outcome

The Licensee submitted a plan to achieve compliance by Fri Aug 22, 2025. RHRA to confirm compliance by following up with the Licensee or by inspection.

Concern #4: CON-5583-Other Requirements-Hiring of Staff**RHRA Inspector Findings**

The inspector reviewed a sample of staff member police record checks. The Licensee was unable to provide evidence of a vulnerable sector screening check for one current staff member was also unable

to provide evidence of any police record check for a second staff member. The Licensee failed to meet the requirements to conduct police record checks as prescribed.

Outcome

The Licensee submitted a plan to achieve compliance by Fri Aug 08, 2025. RHRA to confirm compliance by following up with the Licensee or by inspection.

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.

Not Applicable

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. (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. 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. 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,

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

s. 62. (12), (b)

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

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), (i)

(i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties;

The Licensee failed to comply with the O. Reg. 166/11 s. 21. (2); Hazardous substances

s. 21. (2); Hazardous substances

21. (2) Every licensee of a retirement home shall ensure that all hazardous substances used by staff of the home or under their control are labelled properly and are kept inaccessible to residents at all times.

The Licensee failed to comply with the O. Reg. 166/11 s. 13. (1); Hiring staff and volunteers

s. 13. (1); Hiring staff and volunteers

13. (1) The police background check required by section 64 of the Act for a staff member or a volunteer working in a retirement home shall be,

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

s. 13. (1), (a)

(a) conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015;

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. 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), (c)

(c) strategies for monitoring residents that have demonstrated 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. 36. (1); Continence care

s. 36. (1); Continence care

36. (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 continence care, the licensee shall establish a continence care program that includes,

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

s. 36. (1), (b)

(b) measures to prevent constipation, including nutrition and hydration protocols;

The Licensee failed to comply with the O. Reg. 166/11 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.

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. 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. 36. (1); Continence care

36. (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 continence care, the licensee shall establish a continence care program that includes,

s. 36. (1), (a)

(a) measures to promote continence;

s. 36. (1); Continence care

36. (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 continence care, the licensee shall establish a continence care program that includes,

s. 36. (1), (c)

(c) toileting programs;

s. 36. (1); Continence care

36. (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 continence care, the licensee shall establish a continence care program that includes,

s. 36. (1), (d)


(d) strategies to maximize the resident's independence, comfort and dignity, including the use of equipment, supplies, devices and assistive aids.

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 July 24. 2025
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