

## FINAL INSPECTION REPORT

### Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: July 31, 2025	Name of Inspector: Tania Buko
Inspection Type: Routine Inspection	
Licensee: ACC-003205 - Dayspring Residence Inc	
Retirement Home: Dayspring Residence	
License Number: S0141	

#### 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: Behaviour Management

**RHRA Inspector Findings**

As part of the inspection, the Inspector reviewed resident files and interviewed staff. The inspector found that the Licensee failed to fully follow the directives of their Behaviour Management Policy for a resident who has behaviours that poses a risk to themselves. Firstly, the Licensee has failed to implement one of the strategies and interventions for the resident, which is documented in their plan of care. Secondly, it is documented in the resident's plan of care that staff are to regularly monitor the resident; however, there are no directions or details to staff about how that monitoring is to be conducted.

**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: Maintenance****RHRA Inspector Findings**

During the routine inspection, the Inspector followed up on an area of previous non-compliance related to maintenance. The inspector reviewed documentation and again found that the Licensee failed to ensure a maintenance program was accurately developed and in place that included policies and procedures for routine, preventative and remedial maintenance of the heating systems in the home.

**Outcome**

The Licensee submitted a plan to achieve compliance by Friday September 12, 2025. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #3: Medications****RHRA Inspector Findings**

Based on observations made during the inspection, the Inspector found the Licensee failed to ensure all resident medications were locked and secured as medications were found in two resident's rooms.

**Outcome**

The Licensee submitted a plan to achieve compliance by Thursday September 11, 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 resident files, interviewed relevant individuals and found several non-compliances related to plans of care. Firstly, the Licensee failed to demonstrate that initial plans of care were developed for two new residents within two days of admission. Secondly, there was a lack of evidence to support interdisciplinary care conferences were conducted for a resident who has dementia care needs and for a resident who has skin and wound care needs. Thirdly, three residents have diabetic needs; however, their needs and food restrictions are not documented in their respective plans of care. Fourthly, it is documented in a resident's plan of care that they have an allergy to a certain food item; however, that food item has been served to the resident on different occasions and as such the Licensee failed to ensure the care service of provision of meals is provided to the resident in accordance with their plan of care. Fifthly, the Licensee failed to demonstrate a resident was reassessed and their plan of care was reviewed and revised when their care needs changed in relation to assistance with bathing. Sixthly, two residents have been assessed as being at risk of falls; however, their needs related to that risk and strategies to mitigate falls were not documented in their respective plans of care. Lastly, the majority of the plans of care reviewed were not approved by the residents or their substitute

decision makers. The Licensee failed to ensure all plans of care reviewed were compliant in the noted areas.

**Outcome**

The Licensee submitted a plan to achieve compliance by Friday September 19, 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 training records for two new staff and found that the Licensee failed to ensure staff were trained at all or trained prior to working in the home Resident's Bill of Rights, Infection Prevention and Control, Whistle Blower Protection, Fire Prevention and Safety and in the Licensee's policies for Zero Tolerance and Abuse, Personal Assistance Services Devices, Complaints and Evacuation Plan. In addition, the Licensee failed to provide training records for some staff who work in the 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.

**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: Cleanliness and Pest Control**

**RHRA Inspector Findings**

As part of the routine inspection, the inspector made observations of the home and noted several areas of compliance in relation to cleanliness, stocking of supplies and pest control. Firstly, cloth napkins set out for lunch for the residents to use were soiled with stains and dried food. Secondly, in one of the common and shared bathrooms by the residents, dried feces was observed on the wall by the toilet paper, which had not been cleaned. It was determined by the Inspector that it was a reoccurring issue. Thirdly, half of the common bathrooms in the home were not adequately stocked with toilet paper and the evidence showed some residents were asked by the Licensee to purchase their own toilet paper. Lastly, the concern related to bed bugs in the home was an area of follow up and the Inspector determined the Licensee again failed to follow the recommendations by a pest control company as the Licensee failed to schedule a follow up treatment 14-21 days after the first initial treatment.

**Outcome**

The Licensee submitted a plan to achieve compliance by Sunday September 14, 2025. RHRA to confirm compliance by following up with the Licensee or by inspection.

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

**RHRA Inspector Findings**

Based on observations and interviews with relevant individuals, the Inspector determined the posted daily and weekly menus are inaccurate as the meals served to the residents are contradictory and not reflective of what is posted in the home.

**Outcome**

The Licensee submitted a plan to achieve compliance by Friday September 19, 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. 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. 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), (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. 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. (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. 62. (10); Compliance with plan**

**s. 62. (10); Compliance with plan**

62. (10) The licensee shall ensure that the care services that the licensee provides to the resident are set out in the plan of care and are provided to the resident in accordance with the plan and the prescribed requirements, if any.

**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. 17. (2); Cleanliness**

**s. 17. (2); Cleanliness**

17. (2) Every licensee of a retirement home shall ensure that bathrooms in common areas of the home that are used by residents are adequately stocked with supplies including toilet paper.

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

**s. 47. (7); Development of plan of care**

47. (7) If one of the care services that the licensee provides to a resident is the provision of a meal, the resident's plan of care is only complete if it includes a description of the food restrictions, food allergies and food sensitivities of the resident that are known.

**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. 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;

**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. 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.

**The Licensee failed to comply with the O. Reg. 166/11 s. 17. (1); Cleanliness**

**s. 17. (1); Cleanliness**

17. (1) Every licensee of a retirement home shall ensure that the common areas of the home, including the floors and any furnishings, equipment and linens in those areas, are clean and sanitary.

**The Licensee failed to comply with the O. Reg. 166/11 s. 18. (3); Pest control**

**s. 18. (3); Pest control**

18. (3) The licensee shall ensure that timely action is taken to deal with pests in the retirement home.

**The Licensee failed to comply with the O. Reg. 166/11 s. 19. (2); Maintenance**

**s. 19. (2); Maintenance**

19. (2) The maintenance program shall include policies and procedures for routine, preventative and remedial maintenance of the following in the retirement home:

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

**s. 19. (2), para. 2**

2. Heating systems and hot water boilers.

**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.

**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. (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,

**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,

**s. 62. (12), (a)**

(a) a goal in the plan is met;

**Ontario Regulation 166/11:**

**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:

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

8. Risk of wandering.

**s. 47. (4); Development of plan of care**

47. (4) Subject to subsections (5) and (6), a plan of care for a resident is complete if the plan,

**s. 47. (4), (b)**

(b) sets out,

**s. 47. (4), (b), 2.**

(ii) the names and contact information of the resident's substitute decision-makers, if any,

**s. 55. (3); Contents of records**

55. (3) In addition to subsection (2), for each resident of a retirement home to which the licensee of the home provides at least one care service, the record shall include,

**s. 55. (3), (a)**

(a) the following documents or information to the extent that they are reasonably available to the licensee:

**s. 55. (3), (a), 1.**

(i) the name and contact information of the resident's known substitute decision-makers, if any,

## 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>Tania Buks</i>	September 12, 2025