

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

Inspection Information	
Date of Inspection: May 9, 2025	Name of Inspector: Denise Tessier
Inspection Type: Responsive Inspection – Mandatory Report	
Licensee: ACC-002731 - CVH (No. 7) LP	
Retirement Home: Bayfield Manor Retirement Community	
License Number: N0389	

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-5090-Medication Administration

RHRA Inspector Findings

A report was made to RHRA regarding suspected improper medication administration of a resident. As part of the inspection in response to the report, the inspector reviewed records relating to the residents, medication administration policies and staff training. The inspector confirmed that the Licensee allowed staff to administer medications with expired training. The inspector further confirmed the Licensee failed to ensure their medication program was followed, staff were not signing for all medication administration times and the home did not document error reports or complete an annual evaluation of medication error risks.

Outcome

The Licensee submitted a plan to achieve compliance by Fri Jul 18, 2025. RHRA to confirm compliance by following up with the Licensee or by inspection.

Concern #2: CON-5091-Administrative issues

RHRA Inspector Findings

The inspector reviewed staff training documents in relation to additional concerns brought forward during the inspection pertaining to staff response during fire alarms and infection prevention and control. The inspector found that staff were not trained in the procedures for responding to fire alarms and actual details specific to the use of laundry equipment and associated product use and processes. The Licensee failed to ensure that all staff received the required training as required.

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-5092-Cleanliness/pests

RHRA Inspector Findings

The inspector reviewed the homes cleaning processes in relations to concerns with infection prevention. The inspector interviewed staff, reviewed training and current practices and found that staff were not informed on how to use the products for sanitizing which resulted in them using the incorrect products when cleaning the dining room and common bathrooms. The Licensee failed to ensure that all staff understood how to use the current system in place for cleaning and sanitizing as required.

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 #4: CON-5094-Building/maintenance

RHRA Inspector Findings

The inspector reviewed the homes maintenance procedures in relations to concerns with roof leaks and plumbing issues. The inspector interviewed staff and inspected areas of concern. The Licensee failed to ensure a consistent program of addressing issues including plumbing fixtures and water damaged

ceilings.

Outcome

The Licensee submitted a plan to achieve compliance by Fri Oct 31 2025. RHRA to confirm compliance by following up with the Licensee or by inspection.

Concern #5: CON-5596-Improper or Incompetent Treatment or Care

RHRA Inspector Findings

A report was made to RHRA regarding suspected improper care of residents. As part of the inspection in response to the report, the inspector reviewed records relating to several residents and interviewed residents and staff. The inspector confirmed that the Licensee failed to ensure all staff were trained at hire; three residents with known behaviours did not have any strategies and techniques implemented; one resident did not have an inter-disciplinary care conference completed and had an expired plan of care; one resident had no plan of care created at move in. The licensee also failed to ensure their zero tolerance of abuse policy was complied with fully when three incidents occurred involving a resident who wandered out in the cold; another involved verbal altercation between two residents while another involved a staff and external care provider who verbally abused residents.

Outcome

The Licensee submitted a plan to achieve compliance by Mon Sep 01, 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. 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. 67. (4); Policy to promote zero tolerance

s. 67. (4); Policy to promote zero tolerance

67. (4) Without in any way restricting the generality of the duties described in subsections (1) and (2), the licensee shall ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.

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.

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;

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. 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. 33. (3); Medication error

s. 33. (3); Medication error

33. (3) Every licensee of a retirement home shall evaluate the risk of medication errors and adverse drug reactions in the home at least annually and keep a written record of each evaluation.

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. 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. 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; Information for external care providers

s. 14.1; Information for external care providers

14.1 The licensee shall ensure that as soon as is practical after the licensee is made aware that an external care provider is or will be providing care services to a resident in the retirement home, the external care provider is provided with information with respect to the home's policy to promote zero tolerance for abuse and neglect of residents.

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. 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. 1

1. Plumbing fixtures, toilets and sinks located in common areas of the home.

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;

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.

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. 12. (1); Residents' Council

12. (1) For the purposes of clause 58 (1) (a) of the Act, within 10 days of receiving a request from the Residents' Council, a licensee of a retirement home shall, to the extent that it is reasonably practicable

to do so,

s. 12. (1), (a)

(a) subject to subsections (2) and (3), provide to the Council any information that the Council requests with respect to building maintenance, resident safety and personal care, programming, food and other aspects of life in the home;

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.

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 7, 2025
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