

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

**Inspection Information**

**Date of Inspection:** September 18, 2025

**Name of Inspector:** Michele Clarke

**Inspection Type:** Routine Inspection

**Licensee:** ACC-002626 - Oxford SC Blue Mountain Stayner LP

**Retirement Home:** Blue Mountain Manor

**License Number:** N0494

**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 record of complaints and found that the quarterly analysis to determine any improvements needed, had not been completed. The Licensee failed to ensure complaints are analyzed quarterly 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.

**Focus Area #2: Emergency Plan****RHRA Inspector Findings**

The inspector reviewed the Licensee's records for testing of their emergency plan and found the testing for situations involving loss of essential service, violent outburst, medical emergency, missing resident and pandemic/epidemic planning, had not been completed as required. The Licensee failed to ensure testing of all aspects of the emergency plan had been completed as prescribed.

**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 #3: Resident Record, Assessment, Plan of Care****RHRA Inspector Findings**

The inspector reviewed a sample of resident care files and found that some residents did not have the initial assessment and plan of care developed within the first two days of commencing residency and two resident's plans of care did not include the approval of a registered individual. The Licensee failed to ensure all residents are assessed and a plan of care developed based on that assessment within the prescribed timeframe; furthermore, the Licensee failed to ensure all plans of care include the required approvals.

**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.*

**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. 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 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), 1.**

(i) the loss of essential services,

**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), 2.**

(ii) situations involving a missing resident,

**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.**

(iii) medical emergencies,

**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,

**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), 4.**

(iv) violent outbursts;

**The Licensee failed to comply with the O. Reg. 166/11 s. 48. (1); Approval of the plan of care**

**s. 48. (1); Approval of the plan of care**

48. (1) For the purposes of paragraph 2 of subsection 62 (9) of the Act and subject to subsection (2), the licensee shall ensure that a resident's plan of care is approved by,

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

**s. 48. (1), (a)**

(a) a member of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario;

**The Licensee failed to comply with the O. Reg. 166/11 s. 59. (3); Procedure for complaints to licensee**

**s. 59. (3); Procedure for complaints to licensee**

59. (3) The licensee shall ensure that,

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

**s. 59. (3), (a)**

(a) the written record is reviewed and analyzed for trends at least quarterly;

**s. 59. (3), (b)**

(b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home;

**s. 59. (3), (c)**

(c) a written record is kept of each review and of the improvements made in response.

**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.*

**Not Applicable**

**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
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*Michelle LaRue*

October 17, 2025