

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

| Inspection Information   |                                      |
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| <b>Date of Inspection: October 10, 2025</b>                                      | <b>Name of Inspector: Tania Buko</b> |
| <b>Inspection Type: Responsive Inspection – Mandatory Report</b>                 |                                      |
| <b>Licensee: ACC-003066 - Seasons Retirement Communities (Cambridge) GP Inc.</b> |                                      |
| <b>Retirement Home: Seasons Cambridge</b>  |                                      |
| <b>License Number: T0582</b>   |                                      |

#### 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-7028-Abuse****RHRA Inspector Findings**

The Licensee reported an incident of resident-to-resident physical abuse to the RHRA. The Inspector interviewed staff and other relevant individuals, and reviewed records of the incident in the home, the Licensee's policies, staff training records and residents' care files.

The Inspector found the Licensee immediately initiated their Zero Tolerance of Abuse and Neglect Policy for an incident of resident-to-resident physical abuse but did not follow all the directives. Specifically, the residents were not kept separated from each other for their safety, an assessment was not immediately started for the resident who had injuries, photographs of the resident's injuries were not taken, and the residents' substitute decision-makers were not immediately notified of the results of the home's investigation.

In addition, the Licensee was unable to demonstrate that heightened monitoring of the residents was initiated following the incident as per the legislation. Further, the evidence showed that two staff members had failed to complete training in the Licensee's Dementia Care Program on an annual basis as required.

The evidence also showed that a resident's plan of care did not contain all the elements of the Licensee's Dementia Care Program, specifically, therapies, techniques and activities, including mental stimulation, to maximize the functioning and independence of the resident in the areas of physical, cognitive, sensory and social abilities and therapies, techniques and activities to promote quality of life and wellbeing for the resident, as well as related goals, details and directions to staff who provide that care service.

Finally, the Licensee was unable to demonstrate that strategies and interventions for a resident who has wandering, and elopement behaviours were reviewed and updated for effectiveness following another incident of elopement from the home's memory care floor.

**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 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. (4); Contents of plan**

#### **s. 62. (4); Contents of plan**

62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

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

##### **s. 62. (4), (b)**

(b) the planned care services for the resident that the licensee will provide, including,

##### **s. 62. (4), (b), 1.**

(i) the details of the services,

##### **s. 62. (4), (b)**

(b) the planned care services for the resident that the licensee will provide, including,

##### **s. 62. (4), (b), 2.**

(ii) the goals that the services are intended to achieve,

##### **s. 62. (4), (b)**

(b) the planned care services for the resident that the licensee will provide, including,

##### **s. 62. (4), (b), 3.**

(iii) clear directions to the licensee's staff who provide direct care to the resident;

### **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 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. 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.

**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>.

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|------------------------|-------------------|
| Signature of Inspector | Date              |
| <i>Tania Buko</i>      | November 10, 2025 |