

## FINAL INSPECTION REPORT

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

#### Inspection Information

Date of Inspection: December 4, 2025

Name of Inspector: Melissa Meikle

Inspection Type: Routine Inspection

Licensee: ACC-003276 - Alavida Lifestyles

Retirement Home: Les Promenades

License Number: N0143

#### 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 complaints log and noted that complaints dated May 2025 and onwards, did not have compliant written record. Specifically, the record of the complaint did not include, the nature of the complaint, type of action taken to resolve the complaint, the dates which responses were provided to the complainant and descriptions of the responses, as well as the responses made in turn by the complainant. The Licensee failed to ensure that their written record of complaints included all the required elements. Furthermore, there was no evidence of a quarterly analysis.

**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 of testing for their emergency plans and found there was no evidence of a full evacuation being completed at least every two years. The Licensee failed to ensure that a full evacuation was completed as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by December 22, 2025. 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 1 resident did not have interdisciplinary care conferences as prescribed for a resident who has identified care needs that include dementia care, skin and wound care and/or the use of a personal assistance services device. The Licensee failed to ensure that the development of the plans of care were completed 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.

**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: Dementia Care****RHRA Inspector Findings**

The inspector reviewed the Licensee's dementia care program and confirmed through witness statements that the residents on the memory care floor are not offered therapies, techniques and activities to to maximize the functioning and independence nor to promote quality of life and wellbeing. Additionally, the program did not include strategies for identifying and addressing triggers for a resident

with responsive behaviours. The Licensee failed to comply with the dementia care program requirements 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.

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

**RHRA Inspector Findings**

The inspector observed a meal during the inspection and confirmed through observation and witness statements that snacks are not offered or made available as prescribed. The Licensee failed to ensure that the residents are offered a snack and a beverage between the midday and evening meals and a snack and a beverage after the evening meal 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.

**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 O. Reg. 166/11 s. 41. (1); Dementia care program**

**s. 41. (1); Dementia care program**

41. (1) If the licensee of a retirement home provides a dementia care program to a resident of the home, the licensee shall ensure that the program complies with this section.

**The Licensee failed to comply with the O. Reg. 166/11 s. 41. (2); Dementia care program**

**s. 41. (2); Dementia care program**

41. (2) The program shall include,

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

**s. 41. (2), (a)**

(a) 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;

**s. 41. (2), (b)**

(b) monitoring the resident for safety and wellbeing;

**s. 41. (2), (c)**

(c) therapies, techniques and activities to promote quality of life and wellbeing for the resident;

**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. 59. (1); Procedure for complaints to licensee**

**s. 59. (1); Procedure for complaints to licensee**

59. (1) Every licensee of a retirement home shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

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

**s. 59. (1), para. 2**

2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.

**s. 59. (1), para. 4**

4. A response shall be made to the person who made the complaint, indicating,

**s. 59. (1), para. 4, 1.**

i. what the licensee has done to resolve the complaint,

**The Licensee failed to comply with the O. Reg. 166/11 s. 59. (2); Procedure for complaints to licensee**

**s. 59. (2); Procedure for complaints to licensee**

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

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

**s. 59. (2), (a)**

(a) the nature of each verbal or written complaint;

**s. 59. (2), (c)**

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

**s. 59. (2), (d)**

(d) the final resolution, if any, of the complaint;

**s. 59. (2), (e)**

(e) every date on which any response was provided to the complainant and a description of the response;

**s. 59. (2), (f)**

(f) any response made in turn by the complainant.

**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;

**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), (b)**

(b) at least once every two years, conduct a planned evacuation of the retirement home;

**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. (a)**

(a) if the licensee is the sole provider of the resident's meals, the resident is offered at least three meals per day at reasonable and regular meal hours, a beverage between the morning and midday meals, a snack and a beverage between the midday and evening meals and a snack and a beverage after the evening meal;

**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. 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,

**s. 65. (2), (a)**

(a) the Residents' Bill of Rights;

**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,

**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); Training**

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

**s. 65. (2), (c)**

(c) the protection afforded for whistle-blowing described in section 115;

**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,

**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); Training**

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

**s. 65. (2), (e)**

(e) injury prevention;

**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,

**s. 65. (2), (f)**

(f) fire prevention and safety;

**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,

**s. 65. (2), (g)**

(g) the licensee's emergency evacuation plan for the home mentioned in subsection 60 (3);

**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,

**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);

**s. 65. (4); On-going training**

65. (4) The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

**s. 65. (5); Additional training for direct care staff**

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

**s. 65. (5), para. 3**

3. Behaviour management.

**s. 65. (5); Additional training for direct care staff**

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

**s. 65. (5), para. 4**

4. Ways to minimize the need of residents for personal assistance services devices and if a resident needs such a device, the ways of using it in accordance with its manufacturer's operating instructions, this Act and the regulations.

**s. 66. (1); Training of volunteers**

66. (1) Subject to subsection (2) and the regulations, every licensee of a retirement home who allows volunteers to participate in the lives and activities of residents of the home shall ensure that the volunteers are trained in accordance with the regulations in applying the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4)

and the licensee's policy to promote zero tolerance of abuse and neglect of residents mentioned in subsection 67 (4).

**s. 69. (1); Use of personal assistance services devices**

69. (1) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only for the purpose of assisting the resident with a routine activity of living.

**s. 69. (2); Restrictions on use**

69. (2) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

**s. 69. (2), (a)**

(a) the licensee has considered or tried alternatives to the use of the device but has found that the alternatives have not been, or considers that they would not be, effective to assist the resident with a routine activity of living;

**s. 69. (2); Restrictions on use**

69. (2) A licensee of a retirement home or an external care provider who provides care services in the home may permit the use of a personal assistance services device for a resident of the home only if,

**s. 69. (2), (b)**

(b) the use of the device is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such devices that would be effective to assist the resident with a routine activity of living;

**Ontario Regulation 166/11:**

**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.

**s. 14. (2); Staff training**

14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

**s. 14. (3); Staff training**

14. (3) For the purposes of paragraph 5 of subsection 65 (5) of the Act, every licensee of a retirement home shall ensure that every staff member who provides a care service to a resident has received or receives training in,

**s. 14. (3), (b)**

(b) each care service offered in the home so that the staff member is able to understand the general nature of each of those services, the standards applicable under the Act to each of those services and the aspects of each of those services that may be relevant to the staff member's own duties in the home.

**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).

**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,

**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); 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,

**s. 27. (9), (b)**

(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

**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,

**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;

**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,

**s. 29. (e)**

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

**s. 29. (e), 1.**

(i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,

**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,

**s. 29. (e)**

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

**s. 29. (e), 2.**

(ii) the safe disposal of syringes and other sharps,

**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,

**s. 29. (e)**

(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

**s. 29. (e), 3.**

(iii) recognizing an adverse drug reaction and taking appropriate action;

**s. 39.; Assistance with ambulation**

39. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is assistance with ambulation, the licensee shall ensure that,

**s. 39. (a)**

(a) staff use safe transferring and positioning devices or techniques when assisting the resident;



**s. 44. (3); Full assessment of care needs**

44. (3) If a licensee or a staff member of a retirement home has reason to believe that a 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 the full assessment is,

**s. 44. (3), (a)**

(a) conducted by a member of a College, as defined in the Regulated Health Professions Act, 1991;

## 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  <i>Melissa Meikle</i>	Date  December 17, 2025
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