

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

**Inspection Information**

**Date of Inspection:** December 8, 2025

**Name of Inspector:** Julie Hebert

**Inspection Type:** Routine Inspection

**Licensee:** ACC-002471 - The Leamington United Mennonite Home & Apartments

**Retirement Home:** Leamington Mennonite Home

**License Number:** S0033

**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: Abuse and Neglect**

**RHRA Inspector Findings**

The inspector reviewed the home's zero tolerance of abuse policy and found that it did not contain information about reporting to the Registrar, as well as aspects of the analysis of any incidents of abuse, and the notifications of residents substitute decision makers which were in alignment with the Retirement Homes Act.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance.

**Focus Area #2: Complaints****RHRA Inspector Findings**

The inspector reviewed the home's complaints log and found that although the home had demonstrated they had dealt with complaints in alignment with the legislation, the log did not include a quarterly analysis of any complaints brought to the attention of the home.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance.

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

As part of the routine inspection, the inspector reviewed a sample of residents' plan of care. There is a requirement under the Retirement Homes Act that resident plans of care be updated as care needs change. The inspector found that not all of the plans were updated at the time the residents' care needs changed. The Licensee failed to ensure the plans revise and updated in compliance with the legislation.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance.

**Focus Area #4: Staff Training****RHRA Inspector Findings**

The inspector reviewed a sample of training records in the areas of Zero tolerance of abuse (ZTA), Bill of Rights, Infection control, Whistle Blower protection, Personal Assistive Service Devices (PASDs), Fire prevention and safety, Emergency plans, Injury prevention, Complaints, Behaviour management, and relevant Care services. The inspector reviewed not only records for staff recently hired to determine compliance with orientation training, but also a sample of training records for those hired previously to determine compliance with annual training in these areas.

The inspector found that the orientation training for new staff did not include the ZTA, complaints or PASD policies nor all relevant care services

For the annual training files reviewed, it did not include all relevant care services.

The home was not able to determine that orientation and annual training was being completed in alignment with the regulations.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance.

**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.*

**Not Applicable**

#### **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), (b)**

(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

##### **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), (d)**

(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

##### **s. 67. (5); Contents**

67. (5) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents shall,

##### **s. 67. (5), (d)**

(d) contain an explanation of the duty under section 75 to report to the Registrar the matters specified in that section;

##### **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. (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. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (a.1)**

(a.1) contain an explanation of the prohibition on borrowing, receiving or holding a resident's money or other property, as set out in section 57.1;

**s. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (d)**

(d) subject to subsection (4), provide that the licensee of the retirement home shall ensure that the resident's substitute decision-makers, if any, and any other person specified by the resident,

**s. 15. (3), (d), 1.**

(i) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident that has resulted in a physical injury or pain to a resident or that causes distress to a resident that could potentially be detrimental to a resident's health or well-being,

**s. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (d)**

(d) subject to subsection (4), provide that the licensee of the retirement home shall ensure that the resident's substitute decision-makers, if any, and any other person specified by the resident,

**s. 15. (3), (d), 2.**

(ii) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of a resident;

**s. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (g)**

(g) provide that the licensee of the retirement home shall ensure that,

**s. 15. (3), (g), 1.**

(i) an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it,

**s. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (g)**

(g) provide that the licensee of the retirement home shall ensure that,

**s. 15. (3), (g), 2.**

(ii) at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and what changes and improvements are required to prevent further occurrences of abuse and neglect of residents,

**s. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (g)**

(g) provide that the licensee of the retirement home shall ensure that,

**s. 15. (3), (g), 3.**

(iii) the results of the analysis undertaken under subclause (i) are considered in the evaluation mentioned in subclause (ii),

**s. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (g)**

(g) provide that the licensee of the retirement home shall ensure that,

**s. 15. (3), (g), 4.**

(iv) the changes and improvements mentioned in subclause (ii) are promptly implemented,

**s. 15. (3); Policy of zero tolerance of abuse and neglect**

15. (3) The policy to promote zero tolerance of abuse and neglect of residents described in subsection 67 (4) of the Act shall,

**s. 15. (3), (g)**

(g) provide that the licensee of the retirement home shall ensure that,

**s. 15. (3), (g), 5.**

(v) a written record of everything provided for in subclauses (ii) and (iv) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

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

59. (3) The licensee shall ensure that,

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

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

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

59. (3) The licensee shall ensure that,

**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); Procedure for complaints to licensee**

59. (3) The licensee shall ensure that,

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

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

## 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>Julie Hebert</i>	Date  January 8, 2026
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