
COMPLIANCE ORDER SUMMARY TO BE MADE AVAILABLE IN HOME

Pursuant to the *Retirement Homes Act, 2010* S.O. 2010, Chapter 11, section 90.

Tomclo Properties Ltd.
o/a Greenway Lodge Retirement Home
860 The Greenway
Mississauga, ON L5G 1P6

COMPLIANCE ORDER NO. 2026-T0190-90-01

Under section 90 of the *Retirement Homes Act, 2010* (the “Act”), if the Deputy Registrar of the Retirement Homes Regulatory Authority (the “Deputy Registrar” and the “RHRA”, respectively) believes on reasonable grounds that a licensee has contravened a requirement under the Act the Deputy Registrar may serve an order on a licensee ordering it to refrain from doing something, or to do something, for the purpose of ending the contravention and achieving compliance, ensuring that the contravention is not repeated, and that compliance is maintained. The Deputy Registrar issues this Compliance Order (the “Order”) to ensure Tomclo Properties Ltd. (the “Licensee”) operating as Greenway Lodge Retirement Home (the “Home”) comes into compliance and maintains compliance with the Act and Ontario Regulation 166/11 under the Act (the “Regulation”).

CONTRAVENTION

The Deputy Registrar has reasonable grounds to believe that the Licensee contravened the following sections of the Act and Regulation:

- **Section 13(1)(a) and (2) of the Regulation** – The Licensee did not ensure that the required police background check, including a vulnerable sector screening was completed for all staff working in the Home.
- **Section 47(5) of the Regulation** – The Licensee did not ensure that an interdisciplinary care conference was held as part of the development of the plan of care of a resident with dementia and the resident’s plan of care takes into account the results of the care conference.
- **Section 62(9)(para. 2) of the Act** – The Licensee did not ensure that a regulated health professional approved all resident plans of care.

- **Section 62(12)(b) of the Act** – The Licensee did not ensure that the resident was reassessed and the resident's plan of care was reviewed and revised when the resident's continence care needs change after admission to the Home.

BRIEF SUMMARY OF FACTS

During inspections conducted on November 4, June 18 and 11, April 15 and January 14, 2025, the RHRA identified non-compliance relating to conducting resident assessments, including interdisciplinary care conferences as needed, and developing resident plans of care including ensuring plans of care are approved by a regulated health professional.

Additionally, the Licensee did not ensure that all staff completed required vulnerable sector screening before working in the Home.

REQUIRED ACTION

Pursuant to section 90 of the Act, the Deputy Registrar orders the Licensee to comply with the following:

1. Within 60 days of this Order, the Home shall conduct an audit of all resident plans of care to ensure each resident has been appropriately assessed, and that their care plans comply with the requirements of the Act and Regulation and submit the results to the RHRA Compliance Monitor.
2. Every month for a period of 6 months after the completion of the audit outlined in requirement 1, conduct an audit to ensure that every resident plan of care developed or updated during the past month complies with the requirements of the Act and the Regulation, and provide proof of such audits to the RHRA Compliance Monitor.
3. Within 30 days of this Order, demonstrate there is a protocol in place to ensure that all new staff or volunteers have completed the required vulnerable sector screening before they start working in the Home, and each month for one year, submit documentation to the RHRA Compliance Monitor confirming whether any new staff or volunteers have started working in the Home and that the required vulnerable sector screenings were completed before their start date.

All information demonstrating compliance with the required actions must be submitted by email to RHRA Compliance Monitoring at enforcement@rhra.ca.

Issued on January 26, 2026.