

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

**Inspection Information**

**Date of Inspection:** 12/17/2025

**Name of Inspector:** Shara Bundy

**Inspection Type:** Routine Inspection

**Licensee:** ACC-002948 - 1000057942 Ontario Limited

**Retirement Home:** Highland Manor Retirement Lodge

**License Number:** T0623

**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**

As part of the Routine Inspection, the inspector reviewed the incident log and found documentation of an incident of resident to resident physical abuse with minor injury that was not documented or responded to according to the home's Zero Tolerance of Abuse Policy. Specifically the Licensee failed to investigate the incident, notify the residents' SDMs and failed to report the incident to the RHRA as required. The Licensee failed to comply fully with the their Zero Tolerance of Abuse Policy.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Focus Area #2: Behaviour Management****RHRA Inspector Findings**

As part of the Routine Inspection, the inspector reviewed the home's Incident Log and found evidence of an incident of a resident-to-resident altercation that involved responsive behaviours, which was not documented, or responded to according to the home's Behaviour Management Policy. Specifically, the Licensee failed to ensure that the incident was documented in the residents' charts, initiate behaviour monitoring, and assess residents and review and develop strategies and interventions to address and prevent residents' behaviours, as required by the home's policy. Additionally the Licensee failed to ensure that all staff providing care services to the residents, are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home. The Licensee failed to fully comply with the home's Behaviour Management Policy as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by Fri Jan 30 2026. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #3: Complaints****RHRA Inspector Findings**

As part of the Routine Inspection, the inspector reviewed the Licensee's complaints log and noted that the Licensee had not completed a quarterly analysis of their complaints since July 2, 2025. The Licensee failed to ensure the written record of complaints is reviewed and analyzed for trends at least quarterly, as required.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Focus Area #4: Emergency Plan****RHRA Inspector Findings**

As part of the Routine Inspection, the inspector reviewed the home's Emergency Plan Testing and found that the Licensee was unable to provide evidence of testing their emergency plans regarding situations involving a missing resident and a medical emergency since 2018. In addition, the home was not able to provide evidence they had tested the plan for situations involving epidemics and pandemics since the regulations came into effect in 2022. The Licensee was unable to demonstrate emergency plan testing in all required areas was completed annually 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 #5: Maintenance

#### RHRA Inspector Findings

As part of the Routine Inspection, in light of recent prolonged situations of loss of heat and hot water experienced by the home, the inspector reviewed the maintenance records of the home. The home was unable to provide evidence that the winter preventative maintenance was completed since November 2024, or that daily hot water and boiler temperatures were monitored between June 27 and November 2, 2025. Additionally, one of the home's boilers was tagged and locked out in November 2024 and was not addressed by the home until December 2025. The Licensee failed to follow the home's procedures for routine, preventative and remedial maintenance for the heating system and hot water boilers, and their hot water holding tanks and computerized systems monitoring their hot water temperatures as required.

#### Outcome

The Licensee must take corrective action to achieve compliance.

### Focus Area #6: Medications

#### RHRA Inspector Findings

As part of the routine inspection, the inspector observed the medication cart and found that while the medication cart and narcotic drawers were maintained locked and secure when the cart was unattended, there were several medications on top of the medication cart that were not secured within the cart when the cart was unattended. The licensee failed to ensure that the drugs or other substances are stored in an area or inside a medication cart that is locked and secure, 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 #7: Staff Training

#### RHRA Inspector Findings

As part of the Routine Inspection the inspector reviewed the home's staff training documents and found that the home was unable to provide evidence that the staff members providing care services for the residents of the home, had received the required training for the relevant care services provided. Additionally, the home was unable to demonstrate they had completed annual training regarding the home's Behaviour Management Policy. The Licensee failed to ensure that staff received the necessary training annually, as required.

#### Outcome

The Licensee submitted a plan to achieve compliance by Fri Jan 30 2026. 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. 65. (5); Additional training for direct care staff**

##### **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:

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

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

3. Behaviour management.

#### **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 RHA s. 74.; Licensee's duty to respond to incidents of wrongdoing**

##### **s. 74.; Licensee's duty to respond to incidents of wrongdoing**

74. Every licensee of a retirement home shall ensure that,

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

##### **s. 74. (a)**

(a) every alleged, suspected or witnessed incident of the following of which the licensee knows or that is reported to the licensee is immediately investigated:

##### **s. 74. (a), 1.**

(i) abuse of a resident of the home by anyone,

#### **The Licensee failed to comply with the RHA s. 75. (1); Reporting certain matters to Registrar**

##### **s. 75. (1); Reporting certain matters to Registrar**

75. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Registrar:

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

##### **s. 75. (1), para. 2**

2. Abuse of a resident by anyone or neglect of a resident by the licensee or the staff of the retirement home of the resident if it results in harm or a risk of harm to the resident.

#### **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;

**s. 23. (1), (d)**

(d) protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home.

**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. 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. 30.; Storage of drugs or other substances**

**s. 30.; Storage of drugs or other substances**

30. If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

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

**s. 30. (a)**

(a) the drugs or other substances are stored in an area or a medication cart that,

**s. 30. (a), 2.**

(ii) is locked and secure,

**The Licensee failed to comply with the O. Reg. 166/11 s. 19. (2); Maintenance**

**s. 19. (2); Maintenance**

19. (2) The maintenance program shall include policies and procedures for routine, preventative and remedial maintenance of the following in the retirement home:

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

**s. 19. (2), para. 2**

2. Heating systems and hot water boilers.

**s. 19. (2), para. 3**

3. If provided by the licensee, ventilation systems, air conditioning systems, hot water holding tanks and computerized systems monitoring the home's water temperature.

**The Licensee failed to comply with the O. Reg. 166/11 s. 19. (1); Maintenance**

**s. 19. (1); Maintenance**

19. (1) Every licensee of a retirement home shall ensure that a maintenance program is in place to ensure that the building forming the retirement home, including both interior and exterior areas and its operational systems, are maintained in good repair.

**The Licensee failed to comply with the O. Reg. 166/11 s. 23. (2); Behaviour management**

**s. 23. (2); Behaviour management**

23. (2) The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home.

**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), 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,

**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), (i)**

(i) all Acts, regulations, policies of the Authority and similar documents, including policies of the licensee, that are relevant to the person's duties;

**Ontario Regulation 166/11:**

**s. 24. (5); Emergency plan, general**

24. (5) The licensee shall,

**s. 24. (5), (b)**

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

**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:

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

1. The complaint shall be investigated. If the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

**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>Shara Bundy</i>	Date  February 12, 2026
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