

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

Inspection Information	
Date of Inspection: February 6, 2026	Name of Inspector: Kathleen Harrall
Inspection Type: Routine Inspection	
Licensee: ACC-003291 - April Brickell	
Retirement Home: Elder Care Retirement Home	
License Number: N0361	

About Routine Inspections
<p>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.</p> <p>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 <i>RHA</i>. 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 <i>RHA</i>.</p> <p>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 <i>RHA</i>. 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.</p> <p>In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.</p> <p>If the licensee repeatedly does not meet the required standards, RHRA may take further action.</p>

Focus Areas
<p><i>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.</i></p> <p><b>Focus Area #1: Emergency Plan</b></p>

**RHRA Inspector Findings**

The inspector reviewed the Licensee's records of testing for their emergency plans and found that the home had not fully completed any testing for the situation involving epidemic and pandemic for 2025, violent outburst, medical emergency, missing resident and loss of essential services. The Licensee failed to ensure that testing was done annually as required.

**Outcome**

The Licensee submitted a plan to achieve compliance by Wed Apr 15, 2026. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #2: Infection Prevention and Control****RHRA Inspector Findings**

The inspector reviewed the infection prevention and control program and found that there has not been a consultation provided by public health in 2025. The Licensee failed to complete the IPAC program requirements.

**Outcome**

The Licensee submitted a plan to achieve compliance by Sun Mar 15, 2026. 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 assessments and plans of care and found that one new resident plan of care was not created. The Licensee failed to complete the plan of care approved as prescribed.

**Outcome**

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

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

The inspector reviewed staff training records and found that all 4 staff members had failed to complete mandatory training for complaints procedures, infection prevention and control measures, Resident Bill of Rights, Whistle-blowing protection, Zero Tolerance of Abuse and Neglect, personal assistance service devices, injury prevention, evacuation procedures and fire safety. The inspection showed that annual training in those prescribed area's had not been completed. The Licensee failed to complete staff training as prescribed.

**Outcome**

The Licensee submitted a plan to achieve compliance by Thu Mar 12, 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.*

### **Additional Finding#1: Falls Prevention**

#### **RHRA Inspector Findings**

The inspector found the annual evaluation of the risk of falls in the home had not been completed. The Licensee failed to ensure an evaluation of the risk of falls in the home was completed at least annually as required.

#### **Outcome**

The Licensee submitted a plan to achieve compliance by Fri May 15, 2026. 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 RHA s. 65. (2); Training**

##### **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,

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

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

(a) the Residents' Bill of Rights;

###### **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), (c)**

(c) the protection afforded for whistleblowing described in section 115;

###### **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), (e)**

(e) injury prevention;

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

(f) fire prevention and safety;

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

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

###### **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);

**The Licensee failed to comply with the RHA s. 65. (4); On-going training**

**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.

**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 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), 1.**

(i) the loss of essential services,

**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,

**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), 4.**

(iv) violent outbursts;

**The Licensee failed to comply with the O. Reg. 166/11 s. 25. (3); Emergency plan, retirement home with more than 10 residents**

**s. 25. (3); Emergency plan, retirement home with more than 10 residents**

25. (3) The licensee shall ensure that the emergency plan provides for the following:

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

**s. 25. (3), para. 1**

1. Dealing with,

**s. 25. (3), para. 1, 5.1**

v.1 epidemics and pandemics,

**The Licensee failed to comply with the O. Reg. 166/11 s. 14. (1); Staff training**

**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.

**The Licensee failed to comply with the O. Reg. 166/11 s. 14. (2); Staff training**

**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.

**The Licensee failed to comply with the O. Reg. 166/11 s. 14. (3); Staff training**

**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,

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

**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.

**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. 22. (1); Risk of falls**

**s. 22. (1); Risk of falls**

22. (1) Every licensee of a retirement home shall develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home.

**The Licensee failed to comply with the O. Reg. 166/11 s. 22. (2); Risk of falls**

**s. 22. (2); Risk of falls**

22. (2) If a resident of a retirement home falls in a common area of the home or while being assisted by the licensee or staff, the licensee shall ensure that,

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

**s. 22. (2), (c)**

(c) the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.

**The Licensee failed to comply with the O. Reg. 166/11 s. 22. (3); Risk of falls**

**s. 22. (3); Risk of falls**

22. (3) If a resident of a retirement home falls in the home in circumstances other than those described in subsection (2) and the licensee or a staff member becomes aware of the fall, the licensee shall ensure that the licensee or a staff member documents the fall, the response to the fall and the corrective actions taken, if any.

**The Licensee failed to comply with the O. Reg. 166/11 s. 22. (4); Risk of falls**

**s. 22. (4); Risk of falls**

22. (4) Every licensee of a retirement home shall keep a written record of all falls for which the licensee is required to ensure documentation under subsection (2) or (3) and that occur in each year, evaluate the risk of falls in the home at least annually and keep a written record of each evaluation.

**The Licensee failed to comply with the O. Reg. 166/11 s. 27. (2); Infection prevention and control program**

**s. 27. (2); Infection prevention and control program**

27. (2) The licensee shall consult on an ongoing basis and not less than once a year with the local medical officer of health or designate about identifying and addressing health care issues in the retirement home in order to reduce the incidence of infectious disease outbreaks in the home.

**The Licensee failed to comply with the O. Reg. 166/11 s. 27. (3); Infection prevention and control program**

**s. 27. (3); Infection prevention and control program**

27. (3) The licensee shall keep a written record of the consultation required under subsection (2) that shall include a record of when the consultation took place, what was discussed and any recommendations that the local medical officer of health or designate made.

**The Licensee failed to comply with the O. Reg. 166/11 s. 27. (9); Infection prevention and control program**

**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,

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

**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), (b)**

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

**The Licensee failed to comply with the O. Reg. 166/11 s. 55. (5); Contents of records**

**s. 55. (5); Contents of records**

55. (5) A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,

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

**s. 55. (5), (c)**

(c) the skills, qualifications and training of the staff who work 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.*

**Ontario Regulation 166/11:**

**s. 47. (1); Development of plan of care**

47. (1) Subject to subsection (4), as soon as possible and not later than two days after a resident commences residency in a retirement home, the licensee of a retirement home shall develop an initial plan of care for the resident based on the initial assessment of the resident's immediate care needs conducted under section 43 that includes all of the information listed in subsection 62 (4) of the Act that is relevant to the resident's immediate care needs.

**s. 47. (2); Development of plan of care**

47. (2) No later than 21 days after a resident commences residency in a retirement home, the licensee of the home shall develop a complete plan of care for the resident based on the full assessment of the resident's care needs and preferences conducted under section 44 that takes into account all of the matters that must be considered in a full assessment.

**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.

## 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 	Date February 19, 2026
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