

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

**Inspection Information**

**Date of Inspection:** April 1, 2026

**Name of Inspector:** Kate Fish

**Inspection Type:** Routine Inspection

**Licensee:** ACC-002824 - Tendercare Nursing Homes Limited

**Retirement Home:** McNicoll Manor/Moll Berczy Haus

**License Number:** T0069

**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

During a routine inspection, the inspector observed incidents of verbal abuse between two residents. Inspector learned through documentary review and conversations with relevant individuals that the verbal abuse had been ongoing between two residents for at least two months. The home was unable to provide evidence of following their Zero Tolerance of Abuse and Neglect policy in response to these incidents. Additionally, the home failed to report the matter to the Registrar which is a requirement of the Act.

#### Outcome

The Licensee provided information indicating that corrective action was being taken, however, further action must be taken to achieve compliance with all areas outlined in the finding. RHRA to confirm compliance by following up with the Licensee or by inspection.

### Focus Area #2: Behaviour Management

#### RHRA Inspector Findings

During a routine inspection, inspector observed a resident with a responsive behaviour which could cause harm to another resident. Inspector inquired about the behaviour, including strategies to prevent, and respond for the safety and wellbeing of the resident and other residents at the home. The home was unable to produce documentation of a behaviour management strategy for the resident.

#### Outcome

The Licensee provided information indicating that corrective action was being taken, however, further action must be taken to achieve compliance with all areas outlined in the finding. RHRA to confirm compliance by following up with the Licensee or by inspection.

### Focus Area #3: Emergency Plan

#### RHRA Inspector Findings

As part of a routine inspection, the home's emergency response plan and emergency response testing were reviewed. There is a requirement that the home test their response to the following emergencies at least annually: medical emergency, violent outburst, missing resident, loss of essential services, and pandemic/epidemics. The home was unable to provide evidence of testing within the required timeframes of medical emergencies, violent outbursts, missing resident, or pandemics/epidemics. Additionally, there is a requirement that the home conduct a full evacuation of the home at least once every two years. The home was unable to provide evidence of a full building evacuation in the past two years.

#### Outcome

The Licensee provided information indicating that corrective action was being taken, however, further action must be taken to achieve compliance with all areas outlined in the finding. RHRA to confirm compliance by following up with the Licensee or by inspection.

### Focus Area #4: Infection Prevention and Control

#### RHRA Inspector Findings

During a routine inspection, the home's infection prevention and control practices were reviewed. There is a requirement that a home consult with the local medical officer at least annually to identify and address health care issues in the retirement home. The home is required to keep record of the consultation, any recommendations, and evidence of corrective action if required. The inspector found

that more than the home's most recent consultation with their locate medical officer was more than 12 months prior.

**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: Medications**

**RHRA Inspector Findings**

During a routine inspection, medication administration practices were reviewed including observation of medication administration by the home's staff. The inspector found that for two residents, medication were documented as administered when they had not been. The staff member failed to meet the documenting requirements for medication administration by documenting medications as being administered which were not.

**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 #6: Resident Record, Assessment, Plan of Care**

**RHRA Inspector Findings**

As part of a routine inspection, resident care files including assessments and plans are care were reviewed. There is a requirement that a plan of care is based on an assessment of the resident's care needs. The inspector found three residents had plans of care established that were not based on assessments of the resident. There is a requirement that the care services provided by the home are documented in the resident's plan of care including the details of the service, goals of the service, and instructions for staff to complete the service. Of the reviewed plans of care, the inspector found the home failed to meet this criteria for one of the residents. Lastly, while reviewing care files the inspector learned that a resident of the home had not been assessed, and did not have a plan of care established, which is a requirement for any resident of a retirement home.

**Outcome**

The Licensee provided information indicating that corrective action was being taken, however, further action must be taken to achieve compliance with all areas outlined in the finding. 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. 62. (4); Contents of plan**

#### **s. 62. (4); Contents of plan**

62. (4) The licensee of a retirement home shall ensure that there is a written plan of care for each resident of the home that sets out,

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

##### **s. 62. (4), (b)**

(b) the planned care services for the resident that the licensee will provide, including,

##### **s. 62. (4), (b), 1.**

(i) the details of the services,

##### **s. 62. (4), (b)**

(b) the planned care services for the resident that the licensee will provide, including,

##### **s. 62. (4), (b), 2.**

(ii) the goals that the services are intended to achieve,

##### **s. 62. (4), (b)**

(b) the planned care services for the resident that the licensee will provide, including,

##### **s. 62. (4), (b), 3.**

(iii) clear directions to the licensee's staff who provide direct care to the resident;

##### **s. 62. (4), (c)**

(c) if the resident has consented to the inclusion of the information in the plan of care, the planned care services for the resident that external care providers will provide with the consent of the resident, to the extent that such information is available to the licensee after the licensee has taken all reasonable steps to obtain such information from the resident and the external care provider, including,

##### **s. 62. (4), (c), 1.**

(i) the details of the services,

##### **s. 62. (4), (c)**

(c) if the resident has consented to the inclusion of the information in the plan of care, the planned care services for the resident that external care providers will provide with the consent of the resident, to the extent that such information is available to the licensee after the licensee has taken all reasonable steps to obtain such information from the resident and the external care provider, including,

##### **s. 62. (4), (c), 2.**

(ii) the goals that the services are intended to achieve;

### **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. 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;

**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), 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), 4.**

(iv) violent outbursts;

**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. 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. (5); Infection prevention and control program**

**s. 27. (5); Infection prevention and control program**

27. (5) The licensee of a retirement home shall ensure that,

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

**s. 27. (5), (0.a)**

(0.a) any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home;

**The Licensee failed to comply with the O. Reg. 166/11 s. 32.; Records**

**s. 32.; Records**

32. If the licensee or a member of the staff of a retirement home administers a drug or other substance to a resident, the licensee shall ensure that,

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

**s. 32. (a)**

(a) the person who administered the drug or other substance prepares a written record noting the name and amount of the drug or other substance, the route of its administration and the time and date on which it was administered;

**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;

**Ontario Regulation 166/11:**

**s. 23. (1); Behaviour management**

23. (1) Every licensee of a retirement home shall develop and implement a written behaviour management strategy that includes,

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

24. (5) The licensee shall,

**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); Emergency plan, general**

24. (5) The licensee shall,

**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,

**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
<i>Kate Fish</i>	May 5, 2026