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## COMPLIANCE ORDER SUMMARY TO BE MADE AVAILABLE IN HOME

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

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2458701 Ontario Inc.  
o/a Hamiltons Hometown Retirement Living  
294 Elora Street S.  
Harriston, ON N0G 1Z0

### COMPLIANCE ORDER NO. 2026-S0380-90-01

Under section 90 of the *Retirement Homes Act, 2010* (the “Act”), if the Registrar of the Retirement Homes Regulatory Authority (the “Registrar” and the “RHRA”, respectively) believes on reasonable grounds that a licensee has contravened a requirement under the Act the 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 Registrar issues this Compliance Order (the “Order”) to require 2458701 Ontario Inc. (the “Licensee”) operating as Hamiltons Hometown Retirement Living (the “Home”) to come into and maintain 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 is not in compliance with the following sections of the Act and Regulation:

- Section 62(1) of the Act: The Licensee did not ensure that the resident is assessed and that a plan of care is developed based on the assessment and in accordance with this section and the regulations.
- Section 65(4) of the Act and Section 14(5) of the Regulation: The Licensee did not ensure that persons who require training receive the necessary ongoing training.
- Section 14(2) of the Regulation: The Licensee did not ensure that staff receive training at least annually.
- Section 14(3)(b) of the Regulation: The Licensee did not ensure that every staff member who provides a care service to a resident has received training on each care service offered in the Home so they 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.

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- Section 15(3)(a.1) of the Regulation: The Licensee did not ensure that the Home's policy to promote zero tolerance of abuse and neglect of residents contain an explanation of the prohibition on borrowing, receiving or holding a resident's money or other property.
  - Section 24(5)(a)(iii.1) of the Regulation: The Licensee did not ensure that the emergency plan is tested on an annual basis, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency related to epidemics and pandemics.
  - Section 25(3)(paragraph 1)(v.1) of the Regulation: The Licensee did not ensure that the emergency plan provides for dealing with epidemics and pandemics.

## BRIEF SUMMARY OF FACTS

On October 7, 2025, a routine inspection at the Home identified several compliance concerns. The Licensee was initially unable to demonstrate that staff providing direct care to residents had completed all required training, including training related to continence care, bathing, dressing, and feeding. The inspection also found deficiencies in the Home's policies, including a pandemic and epidemic policy that was undated, not site-specific, and referenced roles not applicable to the Home. In addition, the Home's zero-tolerance abuse and neglect policy had not been updated to address financial abuse, including the prohibition against borrowing money from residents. The inspection further revealed gaps in resident documentation.

## REQUIRED ACTION

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

1. Within 15 days of the Order, provide a copy of the Home's updated zero tolerance of abuse and neglect policy that reflects and addresses all forms of abuse and neglect set out in the Act and Regulation.
2. Within 30 days of this Order, ensure that all persons providing direct care to residents have completed the training required under the Act and Regulation prior to providing care. The Licensee shall provide records demonstrating completion of the required training, including completion dates and the applicable training program relevant to each individual's role and responsibilities.
3. Within 60 days of this Order, provide a revised, site-specific emergency plan that meets the requirements of section 24(5) of the Regulation, including evidence that:
  - a. the emergency plan has been tested at least annually; and
  - b. arrangements with community agencies, partner facilities, and other resources involved in responding to emergencies, including epidemics and pandemics, have also been tested annually.

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4. Within 60 days of this Order, complete and provide the results of an audit of all resident plans of care to confirm that each resident has been appropriately assessed and that the plans of care are current, accurate, and consistent with each resident's assessment findings.

All information demonstrating compliance with the required actions must be submitted by email to RHRA Compliance Monitoring at [enforcement@rhra.ca](mailto:enforcement@rhra.ca).

**Issued on May 22, 2026.**