

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

**Inspection Information**

**Date of Inspection:** May 25, 2026

**Name of Inspector:** Mike Haffner

**Inspection Type:** Routine Inspection

**Licensee:** ACC-002583 - 2396745 Ontario Inc.

**Retirement Home:** Aylmer Retirement Residence

**License Number:** S0435

**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: Behaviour Management**

**RHRA Inspector Findings**

During a routine inspection, the inspector identified circumstances involving a resident elopement during the overnight hours. The inspector found the Licensee was unable to adequately demonstrate that the home fully followed their behaviour management policy, as there was no evidence to support that interventions to address and prevent the behaviours were developed and implemented for the resident, including strategies for ongoing monitoring, 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 #2: Emergency Plan****RHRA Inspector Findings**

During the routine inspection, the inspector reviewed the Licensee's records for testing of their emergency plans and found that the testing for situations involving the loss of essential services, medical emergencies, epidemics and pandemics and violent outbursts had not been completed annually as required.

**Outcome**

At the time of the inspection, the Licensee was not in compliance. The home has since taken corrective action to achieve compliance.

**Focus Area #3: Resident Record, Assessment, Plan of Care****RHRA Inspector Findings**

During the routine inspection, the inspector reviewed resident's plans of care and interviewed staff and residents. The inspector identified that plans of care involving residents whose care needs include dementia care, skin and wound care or the use of a personal assistance services device, failed to ensure an interdisciplinary care conference is held as part of the development of the residents plan of care, as required. Additionally, residents requiring reassessment and their plans of care reviewed and revised as individual care services had changed were not completed as required. Further, the Licensee failed to ensure that the written plan of care for each resident sets out the details of the services and clear directions to staff providing direct care to the resident and those care services provided by external care providers, 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.

**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. (12); Reassessment and revision**

#### **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), (a)**

(a) a goal in the plan is met;

##### **s. 62. (12), (b)**

(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

##### **s. 62. (12), (c)**

(c) the care services set out in the plan have not been effective.

### **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 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;

**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), 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. 47. (5); Development of plan of care**

**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.

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

24. (4) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency.

**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>Mike Haffner</i>	June 5, 2026