

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

Inspection Information

Date of Inspection: May 26, 2026

Name of Inspector: Angela Newman

Inspection Type: Routine Inspection

Licensee: 767948 Ontario Limited

Retirement Home: The LeBlanc Rest Home

License Number: T0114

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

As part of the routine inspection, the inspector reviewed a sample of resident charts. A review of a resident's record who was identified as having responsive behaviours indicated that the Licensee had not developed an effective behaviour management strategy that included techniques and strategies to prevent and address the resident's behaviours. The Licensee failed to fully implement their behaviour management policy.

Outcome

The Licensee must take corrective action to achieve compliance.

Focus Area #2: Complaints**RHRA Inspector Findings**

During a routine inspection, the inspector reviewed the Licensee's complaints log and noted that several complaints did not have full compliant written records, Specifically, a review of complaints received in 2026 did not indicate that complaints were investigated, resolved, a response was provided to the person making the complaint, and the type of action and date of action taken by the Licensee to resolve the complaint. In addition, Licensees shall ensure that the written complaint log is reviewed and analyzed for trends at least quarterly. The Licensee last completed a partial analysis in 2025. The Licensee failed to ensure that their written record of a complaint included all the required elements.

Outcome

The Licensee must take corrective action to achieve compliance.

Focus Area #3: Emergency Plan**RHRA Inspector Findings**

During a routine inspection, the inspector reviewed the Licensee's emergency management plan. Specifically, the inspector reviewed the Licensee's records of testing for their emergency plans and found that the testing for situations involving the loss of essential services, medical emergency, violent outburst, epidemic/pandemic, and missing resident had not been completed annually. In addition, the Licensee's arrangements with community agencies, and partner facilities, and resources involved in responding to an emergency were not reviewed annually. There is a requirement for Licensees to conduct a planned evacuation of the home at least every two years and there were no records of a planned evacuation. Finally, the Licensee was unable to demonstrate its emergency resources, supplies, and equipment vital for emergency response. The Licensee was unable to demonstrate that its emergency plan met the prescribed requirements.

Outcome

The Licensee must take corrective action to achieve compliance.

Focus Area #4: Infection Prevention and Control**RHRA Inspector Findings**

As part of the routine inspection, the inspector reviewed the Licensee's infection prevention and control program. Licensees shall ensure that waterless, alcohol-based hand sanitizer or another form of hand sanitation that provides equivalent protection against infectious disease transmission is available for use by residents and staff in communal resident areas and in staff work areas. The inspector did not observe alcohol based hand sanitizer in communal resident and staff work areas.

Outcome

The Licensee must take corrective action to achieve compliance.

Focus Area #5: Resident Record, Assessment, Plan of Care**RHRA Inspector Findings**

As part of the routine inspection, the inspector reviewed a sample of resident files. The inspector found that one resident's plan of care had not been approved by a member of the College of Nurses of Ontario. In addition, the inspector found that one resident's plan of care indicated that the plans were not updated at the time the resident's care needs changed, in relation to continence care. The Licensee failed to ensure the plans of care were in compliance with the legislation.

Outcome

The Licensee must take corrective action to achieve compliance.

Focus Area #6: Staff Training**RHRA Inspector Findings**

As part of the routine inspection, the inspector reviewed a sample of orientation and annual training records in the areas of zero tolerance of abuse, resident bill of rights, infection control, injury prevention, whistle blower protection, personal assistance services devices, fire prevention and safety, emergency plan, complaints, and behaviour management. The Licensee was not able to demonstrate that orientation and annual training was completed in alignment with the regulations.

Outcome

The Licensee must take corrective action to achieve compliance.

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: Consumer Protection**RHRA Inspector Findings**

During the routine inspection, the inspector observed that the Licensee failed to ensure prescribed information is posted. Specifically, the inspector noted a copy of the most recent final inspection report and information about reporting to the Registrar matters relating to the care and safety of the residents of the home. The Licensee failed to post required information as prescribed by the regulations.

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 Finding#2: Food Preparation and Provision

RHRA Inspector Findings

As part of the routine inspection, the inspector reviewed the Licensee's menus. The inspector found that the Licensee failed to ensure that menus provide adequate nutrients and fiber and energy for residents, includes fresh seasonal foods and are consistent with Canada's Food Guide. The Licensee failed to ensure menus were delivered in accordance with the legislation.

Outcome

The Licensee must take corrective action to achieve compliance.

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), (b)**

(b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

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. (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. 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. 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,

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

s. 62. (12), (b)

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

The Licensee failed to comply with the RHA s. 62. (9); Persons who approve plans of care

s. 62. (9); Persons who approve plans of care

62. (9) The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:

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

s. 62. (9), para. 2

2. The prescribed person if there is a person prescribed for the purpose of this paragraph.

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. 11. (1); Posted information

s. 11. (1); Posted information

11. (1) For the purposes of paragraph 4 of subsection 55 (2) of the Act, the following information is prescribed as information that must be posted in a retirement home under that subsection:

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

s. 11. (1), para. 4

4. Information about reporting to the Registrar matters relating to the care and safety of the residents of the home that is on a sign that the Registrar provides or that is in a form that the Registrar approves.

s. 11. (1), para. 6

6. A copy of the most recent final inspection report prepared by an inspector under section 77 of the Act, subject to section 114 of the Act.

The Licensee failed to comply with the O. Reg. 166/11 s. 27. (7); Infection prevention and control program

s. 27. (7); Infection prevention and control program

27. (7) The licensee of a retirement home shall ensure that waterless, alcohol-based hand sanitizer or another form of hand sanitation that provides equivalent protection against infectious disease transmission is available for use by residents and staff in communal resident areas and in staff work areas.

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. 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. 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. 59. (1); Procedure for complaints to licensee

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:

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

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.

s. 59. (1), para. 2

2. The complaint shall be resolved if possible, and a response that complies with paragraph 4 provided within 10 business days of the receipt of the complaint.

s. 59. (1), para. 4

4. A response shall be made to the person who made the complaint, indicating,

s. 59. (1), para. 4, 1.

i. what the licensee has done to resolve the complaint,

The Licensee failed to comply with the O. Reg. 166/11 s. 59. (2); Procedure for complaints to licensee

s. 59. (2); Procedure for complaints to licensee

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

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

s. 59. (2), (c)

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

s. 59. (2), (d)

(d) the final resolution, if any, of the complaint;

s. 59. (2), (e)

(e) every date on which any response was provided to the complainant and a description of the response;

The Licensee failed to comply with the O. Reg. 166/11 s. 40.; Provision of a meal

s. 40.; Provision of a meal

40. If one of the care services that the licensee or the staff of a retirement home provide to a resident of the home is the provision of a meal, the licensee shall ensure that,

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

s. 40. (b)

(b) menus provide adequate nutrients, fibre and energy for the resident, include fresh seasonal foods and are consistent with standards of good nutrition in Canada;

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;

s. 59. (3), (b)

(b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home;

s. 59. (3), (c)

(c) a written record is kept of each review and of the improvements made in response.

The Licensee failed to comply with the O. Reg. 166/11 s. 24. (4); Emergency plan, general

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.

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;

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. 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. 3

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the retirement home and regular testing of all such resources, supplies and equipment to ensure that they are in working order.

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. (9); Persons who approve plans of care

62. (9) The licensee shall ensure that the following persons have approved the plan of care, including any revisions to it, and that a copy is provided to them:

s. 62. (9), para. 1

1. The resident or the resident's substitute decision-maker.

Ontario Regulation 166/11:

s. 59. (2); Procedure for complaints to licensee

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

s. 59. (2), (a)

- (a) the nature of each verbal or written complaint;

s. 59. (2); Procedure for complaints to licensee

59. (2) The licensee shall ensure that a written record is kept in the retirement home that includes,

s. 59. (2), (b)

- (b) the date that the complaint was received;

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>Angela Newman</i>	Date June 17, 2026
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