RHRA Retirement Homes Regulatory Authority

55 York Street, Suite 700
Toronto, ON. M5J 1R7

COMPLIANCE ORDER SUMMARY TO BE MADE AVAILABLE IN HOME

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

CHARTWELL MASTER CARE CORPORATION
o/a CHARTWELL DEERVIEW CROSSING RETIREMENT RESIDENCE
460 RYMAL ROAD WEST
HAMILTON, ON L9B 0B2

COMPLIANCE ORDER NO. 2026-S0244 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 ensure Chartwell Master Care Corporation (the "Licensee") operating as Chartwell Deerview Crossing Retirement Residence (the "Home") comes into compliance and maintains compliance with the Act and Ontario Regulation 166/11 under the Act (the "Regulation").

CONTRAVENTION

The Registrar has reasonable grounds to believe that the Licensee has contravened the following sections of the Act and Regulation:

- **Section 67(1) of the Act** in relation to the Licensee's failure to protect a resident of the Home from resident-to-resident abuse.
- **Section 23(1)(c) of the Regulation** in relation to the Licensee's failure to implement its behaviour management strategy respecting the monitoring of a resident who had demonstrated behaviours that posed a risk to others in the Home.
- **Section 23(1)(d) of the Regulation** in relation to the Licensee's failure to implement its protocols respecting how staff are informed of resident behaviours that pose a risk to the resident or others in the Home.

- **Section 23(2) of the Regulation** in relation to the Licensee's failure to ensure that staff providing care services were advised of a resident whose behaviours required heightened monitoring because those behaviours posed a risk to others in the Home.

BRIEF SUMMARY OF FACTS

On April 15, 2026, a resident at the Home was involved in an altercation with another resident, resulting in significant injuries, including a fractured pelvis and finger, a dislocated hip, and a twisted knee. The inspection identified concerns regarding the Licensee's management of the other resident's known responsive behaviours that posed a risk to others in the Home. Specifically, staff were not consistently informed of the resident's responsive behaviours, and enhanced monitoring requirements were not consistently implemented.

REQUIRED ACTION

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

1. Within 60 days of service of this Order, the Licensee shall ensure that all staff of the Home who provide direct care to residents complete:
    a. The RHRA's Behaviour Management Compliance Assistance Module ("CAM"); and

    b. Third-party behaviour management training, acceptable to the RHRA, respecting the identification, prevention, monitoring, communication, documentation and management of responsive behaviours that pose a risk to the resident or others in the Home.

2. Within 30 days of service of this Order, the Licensee shall implement and maintain a documented process respecting the communication, reporting, and documentation of heightened behaviour monitoring requirements between staff and across shifts. The process shall address how monitoring requirements are communicated to staff, how completion of required monitoring is documented, and how incomplete or missed monitoring is identified and addressed.

3. For a period of six months following service of this Order, the Licensee shall conduct monthly audits to assess compliance with the Home's behaviour management policies and procedures, including the implementation and documentation of required monitoring and the communication of monitoring requirements to staff. The Licensee shall provide the results of each audit to the RHRA Compliance Monitor within 14 days of completion, including any deficiencies identified and corrective action taken in response.

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Issued on October 19, 2026.