RHRA Retirement Homes Regulatory Authority

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

Inspection Information	
Date of Inspection: November 3, 2026	**Name of Inspector: Kathleen Harrall**
Inspection Type: Routine Inspection	
Licensee: ACC-003248 - Sharbot Lake Retirement Ltd.	
Retirement Home: Sharbot Lake Retirement Ltd.	
License Number: N0473	

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: Complaints

RHRA Inspector Findings
The inspector attempted to reviewed the Licensee's complaints procedure and logs and noted no documentation was available The Licensee failed to ensure that complaints were documented as required.

Outcome
The Licensee must take corrective action to achieve compliance.

Focus Area #2: Emergency Plan

RHRA Inspector Findings
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 and pandemic, two year planned evacuation, missing resident and arrangements with community agencies responding to an emergency had not been completed. The Licensee failed to ensure that testing was completed as required.

Outcome
The Licensee must take corrective action to achieve compliance.

Focus Area #3: Resident Record, Assessment, Plan of Care

RHRA Inspector Findings
The Inspector reviewed two residents plans of care and found both had not been reassessed and the plans of care had not been reviewed or revised after six months. The Licensee failed to complete the reassessments and update the plans of care as prescribed.

Outcome
The Licensee must take corrective action to achieve compliance.

Focus Area #4: Staff Training

RHRA Inspector Findings
The inspector reviewed staff training records and found no evidence of the required staff training for the administration of drugs or other substance. Furthermore, there are no records found of staff who work in the home identifying skills or qualifications proving compliance with the Act. The Licensee failed to ensure that staff were trained as prescribed.

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.

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,

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. 29.; Administration of drugs or other substances

s. 29.; Administration of drugs or other substances
29. 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 administration of a drug or other substance, the licensee shall ensure that,

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

s. 29. (c)
(c) neither the licensee nor a staff member administers a drug to a resident in the home unless the licensee or the staff member has received training in the procedures applicable to the administration of the drug;

s. 29. (e)
(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

s. 29. (e), 1.
(i) ways of reducing the incidence of infectious disease, including maintaining proper hand hygiene,

s. 29. (e)
(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

s. 29. (e), 2.
(ii) the safe disposal of syringes and other sharps,

s. 29. (e)
(e) if the licensee or a staff member is involved in the administration of the drug or other substance at the home, that the licensee or staff member is trained in,

s. 29. (e), 3.
(iii) recognizing an adverse drug reaction and taking appropriate action;

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. 3

3. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint, including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 4 shall be provided as soon as possible in the circumstances.

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,

s. 59. (1), para. 4

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

s. 59. (1), para. 4, 2.

ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

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), (a)

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

s. 59. (2), (b)

(b) the date that the complaint was received;

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;

s. 59. (2), (f)

(f) any response made in turn by the complainant.

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. 55. (5); Contents of records

s. 55. (5); Contents of records
55. (5) A licensee of a retirement home shall keep records proving compliance with the Act and this Regulation in relation to,

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

s. 55. (5), (c)
(c) the skills, qualifications and training of the staff who work in the home;

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. 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), (a)
(a) techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home;

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), (b)
(b) strategies for interventions to prevent and address resident behaviours that pose a risk to the resident or others in the home;

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
	November 20, 2026