

June 24, 2016

The Honourable Dipika Damerla  
Minister Responsible for Seniors Affairs  
Ferguson Block, 12<sup>th</sup> Floor  
Toronto, ON M7A 1N3

Dear Minister:

**Re: RHRA Risk Officer Annual Report 2015-16**

I am pleased to provide you with my second annual report (Report) as Risk Officer for the Retirement Homes Regulatory Authority (RHRA). The cooperation of the RHRA Board over the past year is acknowledged and appreciated, as is the ongoing support and assistance provided by the Authority's CEO and Registrar, and her staff.

My review this year focused on the RHRA's inspections program and processes and was guided by the following question:

*Is the RHRA's Inspection Process effective in protecting the residents of licensed retirement homes in Ontario? What are identified areas of risk to residents? To the RHRA?*

The scope of my review for this past year was aligned with my work plan for 2015-16, which was approved by the RHRA Board in August 2015.

The Report sets out my observations and I would be pleased to meet at your convenience, to provide a briefing if desired.

In keeping with the terms of the Memorandum of Understanding respecting my appointment and role, a copy of my Report is being sent concurrently to the RHRA Board, through its Chair, John Rossiter.

Yours sincerely,



Deanna L. Williams  
Risk Officer, RHRA

cc: Gianluca Ferrari, Chief of Staff, Minister Responsible for Seniors Affairs  
Marie-Lison Fougere, Deputy Minister Responsible for Seniors Affairs  
John Rossiter, Chair of the Board, RHRA  
Bonnie Rose, CEO and Registrar, RHRA

## **Risk Officer**

# **Annual Report 2015/2016**

**Submitted by Deanna L Williams, Risk Officer**

**June 2016**

## Introduction

The Retirement Homes Regulatory Authority, RHRA (“the Authority”) was established under the Retirement Homes Act, 2010 (“the Act”) and, while independent from government, is subject to government oversight through a written Memorandum of Understanding (“MOU”). The Authority administers the Act and its regulations, and oversees the enforcement of provisions contained within. A key duty of the Authority is to ensure the Fundamental Principle of the Act is upheld:

*“The fundamental principle to be applied in the interpretation of this Act and any regulations, order, or other document made under Act, is that a retirement home is to be operated so that it is a place where residents live with dignity, respect, privacy, and autonomy, in security, safety and comfort and [where they] can make informed choices about their care options”*

The Authority carries out its legislative and regulatory obligations by ensuring that only retirement homes who meet the licensing criteria in the Act receive and maintain a licence to operate in Ontario. With some exceptions, a *retirement home* is defined in the Act as:

*A building, group of buildings or part of a building, with one or more rental units:*

- *occupied primarily by persons 65 years of age or older*
- *occupied or intended to be occupied by at least 6 persons who are not related to the operator of the home*
- *where the operator of the home makes available at least two care services (of those identified in the Act), directly or indirectly, to residents*

A retirement home does not include homes/buildings that receive certain government funding or are governed by certain other laws, such as the Homes for Special Care Act, and the Long-Term Care Act, 2007.

## The Risk Officer

The Act requires that an independent, statutory officer- a Risk Officer- be appointed by the Authority and that the appointment be approved by the Minister. The duties of the Risk Officer, who was duly appointed in 2014, are set out in section 24(3) of the Act as follows:

*The Risk Officer:*

- a) shall review and assess the effectiveness of the Authority’s administration of this Act and the regulations, including the Authority’s activities and proposed activities related to ensuring that licensees meet the care standards and safety standards set out in this Act and the regulations, and respect the rights of residents set out in the Act and regulations, and;*
- b) shall perform the other duties and exercise the other powers that are prescribed, 2010, c11, s 24(3)*

The Risk Officer is appointed by the Board of Directors of the RHRA, in accordance with provisions set out in the Act, the MOU between the RHRA and the Minister responsible for Seniors Affairs, and RHRA's by-law Number 1; she is accountable to and reports to the RHRA Board through its Governance and Regulatory Affairs Committee (GRAC). Notwithstanding these reporting requirements, it is important to note that the Risk Officer role is established as both statutory but also independent- with clear expectations that the Risk Officer is able to carry out her role in a manner that assures independence and is unfettered.

My work plan for the 2015-16 year was approved by GRAC and the RHRA Board in the fall of 2015. In early 2016 the GRAC requested that the timelines for submission of the Risk Officer's annual report be moved forward to June 1<sup>st</sup> in 2016, and to March 31<sup>st</sup> in 2017 and thereafter to coincide with the RHRA's annual year end. The slightly shorter timeframe for reporting this year had no material impact on the nature of my work or my ability to report on my finding, but it did limit the scope of my review to a focus on consistency in follow-up and subsequent reporting through the lens of the existing inspection processes. More extensive tracking of certain files that would have been expected to proceed further through the 'compliance and enforcement' processes within the RHRA was not conducted.

#### Scope of Review and Methodology

The focus of my review this year was on the inspection program and processes implemented to date by the Authority. Specifically, through my review and assessment of the Authority's regulatory effectiveness with respect to resident safety and protection through inspections and other means, I was guided by the following question:

*Is the RHRA's Inspection Process effective in protecting the residents of licensed retirement homes in Ontario? What are areas of identified risks to residents? To the RHRA?*

Much of my work involved reviewing information gained through the inspections process, with particular focus on the Authority's identified risks to residents and how mitigation of these is assessed through inspections. To help determine how resident risk identified by the Authority aligned with risks that had been identified through other sources, and help answer the question above 'what are areas of indentified risks to residents?', I reviewed a small sample of cases obtained through CanLII that were specific to retirement homes or their residents and these provided good insight into areas of potential risk for retirement home residents. Most importantly however, this exercise confirmed clear alignment between these identified risks and the risks identified by the Authority- when establishing the twenty 'critical requirements' or 'areas of assessment' used in routine inspections and when confirming risk through its inspection data and results.

Written policies, protocols and procedures developed by the Authority were examined and assessed for alignment with legislative and regulatory requirements and with the criteria applied by the Authority in its risk-based licensing process. A comprehensive review of just over fifty randomly-selected files of retirement homes which had undergone inspection by the Authority, was conducted; forty of these files included reporting from 'routine' inspections (RIs) or 'compliance and follow up' inspections; and eleven involved 'mandatory report' inspections (MRIs). All of these files, which included a number of reports in each, were examined with a view to search for and establish trends related to inspection findings and, importantly, their relevance to risk. In addition, I looked for consistency in assessments amongst individual inspectors; patterns in areas of non-compliance; and the processes related to follow up and public reporting.

I did not attend any actual inspections; however, my attendance at a 'mock inspection', which was conducted by an RHRA inspector, and our subsequent discussion regarding the experience, provided useful and meaningful insight into the inspection process.

Much information and clarification was gained through many discussions and/or meetings with RHRA senior staff and members of the inspection team. Staff provided me with the complete inspection files of numerous homes as requested and provided clarification to all questions that arose during my file review. Discussion with members of the inspection team added a further and unique perspective.

The staff's collective willingness to meet with me to share information, and their experiences and knowledge regarding the retirement homes industry is acknowledged and much appreciated.

### Retirement Homes Inspections

Routine Inspections (RIs) were initially conducted on all retirement homes in Ontario throughout 2014-15. Where areas of non-compliance were noted, licensees were required to provide evidence to the RHRA, within a given timeframe, that specified corrective action(s) had been taken. Where multiple areas of concern or non-compliance were identified, or where licensee responses were deemed concerning, further inspection(s) to follow up on compliance were conducted.

A policy that would see consistently-compliant homes be inspected less frequently (at least once every three years) and homes demonstrating significant non-compliance more frequently, has been adopted by the Authority- and this is in alignment with policies adopted by other regulators who inspect facilities/premises i.e. the Ontario College of Pharmacists in inspecting accredited pharmacies in Ontario.

### Routine Inspections (RIs) and Follow-Up Inspections

Routine Inspections, (RIs) were conducted by the Authority on all licensed homes in 2014-15, with subsequent RIs to be conducted on all licensed retirement homes at least once every three years. During Routine Inspections, retirement homes are currently assessed against twenty inspection criteria, also referred to as ‘critical requirements’ or ‘areas of assessment’. I reviewed inspection reports with a view to determining the alignment of these inspection criteria with: the required standards for operation of retirement homes (legislative and regulatory), the criteria used in the Authority’s risk-based licensing process and identified areas of potential risk to residents. Reports were also assessed for consistency in application and assessment.

The initial inspection criteria for routine inspections were developed by the Authority to address identified risk to residents in retirement homes. Presentations to and discussion with the Ontario Retirement Communities Association (ORCA), the Stakeholder Advisory Council (SAC) and the Board (RHRA) in late 2013 led to agreement in principle on the need to identify critical requirements for routine inspections as part of risk-based regulation. Discussions led, prior to the commencement of the routine inspection process, to the formation of a working group, comprised of senior RHRA staff-the Registrar and CEO; the Director of Policy, Planning and Partnerships; RHRA’s General Counsel; inspectors from various backgrounds such as policing, public health, nursing and the retirement homes sector and led by the Manager of Inspections and Investigations. The recommendations from the working group were divided into two separate parts: the first identifying ‘critical’ areas for initial focus (documented on what is now the “Red Form”) and the second a list of areas for future consideration (the “Yellow Form”). Further consultation with the SAC resulted in general agreement- on the proposed approach, and on the twenty proposed criteria or areas for assessment, to be included on the Red Form.

The twenty critical areas of assessment currently included in routine inspections are listed below and they do, in my view, align with the requirements set out in the Act and regulations and, as noted above, with areas of risk noted in external case reports. Alignment with the risk-based licensing criteria used by the Authority in its initial licensing process was also noted. The current assessment areas, intended to address a number of identified areas of potential risk to residents are:

1. Information Package (a package of information to be provided to residents, including the home’s zero tolerance of abuse and neglect policy; the bill of rights; information about the RHRA; the licensee’s complaints procedure; policies re use of personal assistance services devices (PASD’s), etc.)
2. Resident’s Agreement (an agreement to be entered into with the resident before commencing residency, including an acknowledgement of receipt of the package of information; notice

- about the RHRA's inspection power regarding removal of personal information; indemnification of loss information, etc.)
3. Posted Information (information that must be posted in a visible area of the home, for example, RHRA contact information; the bill of rights; the home's licence; evacuation procedures and fire measures; most recent inspection report, etc.)
  4. Emergency Plan - General (for example, requirements for testing at least annually, including arrangements with community partners; conducting a planned evacuation at least every two years, etc.)
  5. Emergency Plan - More than 10 residents (as per Emergency Plan – General - but with additional requirements for the development and contents of the plan for this home size)
  6. Emergency Plan - Less than 10 residents (as per Emergency Plan – General - with additional specified requirements for this home size)
  7. Infection Prevention and Control Program (including requirements for consultation with the local medical officer of health; written surveillance protocols; reporting requirements; location of handwashing stations and accompanying education for residents; staff training; need for prevention; TB screening requirements; etc.)
  8. Initial Assessment (i.e., an assessment of the resident's immediate care needs, to be conducted by the home on all residents at the outset of residency; requires consent; and forms basis for resident plan of care)
  9. Training (staff training requirements are extensive – for example on home policies and procedures, including zero tolerance of abuse and neglect; the bill of rights; fire prevention and safety; infection prevention and control; etc.)
  10. Policy of Zero Tolerance of Abuse and Neglect (i.e., a written policy to identify, prevent and take action re abuse and neglect, including the requirement that abuse and neglect are not to be tolerated; and what constitutes abuse and neglect)
  11. Licensee's Complaint Procedure (i.e., the requirement for the home to develop a procedure for handling complaints, including investigation and documentation of complaints; etc.)
  12. Food Preparation (including procedures for safe preparation, handling, storage and disposal; training requirements)
  13. Risk of Falls (the requirement to develop, document and implement strategies to reduce or mitigate the risk of falls in common areas of the home)
  14. Behaviour Management (a written strategy to prevent, address and monitor resident behaviour that poses a risk to the resident or to other residents)
  15. Administration of a Drug (i.e., requirements for the licensee to ensure if one of the care services offered in the home is administration of a drug or other substance; including training, supervision and documentation requirements)
  16. Storage of Drugs (i.e., requirements to be followed if drugs or other substances are stored in the home)

17. Medication Management System (i.e., the requirements for policies and procedures to ensure proper acquisition, dispensing, administration, storage, destruction and disposal of drugs or other substances)
18. Dementia Care Program (if one of the care services offered in the home is a dementia care program, the minimum requirements for such a program)
19. Records (i.e., the record keeping requirements for each resident of the home)
20. Trust Accounts (i.e., requirements if a licensee holds money in trust for residents)

These twenty critical areas align with what the Act and regulations currently require. Future analysis of data collected through the inspections processes is expected to demonstrate valuable information about increasing trends and patterns that will inform changes going forward. The Authority has already begun data collection and preliminary analysis, but with only a few years' data yet available, it is expected to be many more years before data is robust enough to provide meaningful and reportable results that can drive change.

Once more data is available, further consideration should be given to how effective these criteria- and the inspectors' assessment of them- are in identifying or mitigating risks (lower probability but high severity/impact) for occurrence of certain incidents that appear to happen with some frequency and could pose considerable risk to residents. These are discussed further in the section relating to risks to residents.

It was my observation, through attendance at the mock routine inspection and also through my file review, that the twenty defined criteria are largely assessed through the inspector's review of written policies, procedures, and training manuals and records that are provided by the home that is being inspected. The inspector also may seek confirmation that certain other requirements- for example, evidence that residents are re-assessed at least every six months with any changes in health or behavioral status documented- have been met. The inspector engages in a verbal debrief with the Executive Director or General Manager of the home following the routine inspection to provide a summary of findings or concerns and/or to request further information or clarification. He/she may also request copies of reports based on inspections or orders from other regulatory agencies and where the inspector notes obvious concern that fall under another agency's oversight or mandate, s.9 of the Regulatory Modernization Act permits that the inspector may contact the respective agency and share findings/ information. Disclosure of such findings of concern to other agencies/authorities may be found in Section F on the 'Compliance Summary' form. It is my understanding from discussion with staff that the most common disclosure of information under Section F is to Public Health Units and Fire Departments; the RHRA does not currently track this information separately, although it is accessible as qualitative data within the system.

Considerable efforts were made by Authority to ensure all inspection staff received consistent training and information, and my review prompted discussion about consistency with staff as to how this is being addressed and whether greater 'inter-inspector- reliability' could be assured going forward. I found the staff- who are currently focused on reviewing and revising a Risk Framework for the entire organization-keen to seek out continuous quality improvement initiatives, and to consider how 'inter-rater' reliability and consistency can be better assured. It is my understanding, that the inspections team is engaged in ongoing training and exercises to ensure greater consistency amongst inspector assessments are already underway.

Following routine inspections in which non-compliance has been identified, further follow-up inquiries and inspections are conducted where appropriate. Any ongoing issues of concern identified during follow-up inspections appeared to be dealt with in a consistent manner-through provision of additional information or education; re-inspections; and, where necessary, escalation to further enforcement measures such as compliance orders and administrative monetary penalties.

#### Mandatory Report Inspections (MRIs)

The Act requires that the Registrar "immediately" order a Mandatory Report Inspection (MRI) upon receipt of a mandatory report and my review of a dozen randomly- selected MRI files confirmed that the Authority acted swiftly- in most cases within a day- to ensure that an inspector attended at the home in question to follow up on the mandatory report received. Looking at the nature of mandatory reports that led to the MRI files I reviewed, I note that a number of these involved residents and incidents related to aggression/behavioural issues and/or verbal or physical assault. Over the same time period of my review, approximately 13% of total Mandatory Report Inspections conducted by the RHRA related to resident to resident physical abuse. In some instances, the MRI concluded the nature of the report was unfounded and no action was required. In other matters where isolated incidents occurred or were alleged to occur, the Authority staff took, in my view, considerable steps to help the home mitigate future incidents of similar concerns. These efforts included provision of information, education and required development of appropriate action plans.

The nature of other reports reviewed related to allegations of resident abuse or neglect by staff or others; financial or physical constraint by family, and exit-seeking behavior of resident(s) from the retirement home premises. These are also considered further in the report, where some additional areas for potential risk are posed for the Authority's consideration.

#### Risk Considerations

The initial criteria used in the routine inspection process were developed to mitigate identified risk to residents of retirement homes and my review was focused, in part, how these align with

emerging findings from routine and mandatory report inspections, and with actual cases. As noted previously, reviewed reports highlighted cases where the potential for occurrence may have been considered low but where the severity of impact, should the event occur, could be significant. One such example, I believe, highlights potential risk, to residents but also to the Authority-this is where there is police involvement in licensed home but there is no requirement that this information be disclosed to the Authority. In this case - *TPSB (re), 2015 CanLII 64007 (ON IPC)*<sup>1</sup>- the Authority brought an appeal forward to the Information and Privacy Commissioner regarding a police decision to not disclose information that it had requested respecting interactions with police involving residents in an unlicensed home.

<sup>1</sup> *CanLII is the Canadian Legal Information Institute, which publishes an online database regarding case law and legislation*

RHRA was unable to gain access under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) because the provision permitting the police to disclose information to the Authority was discretionary and not mandatory (the Authority is not a designated institution under the MFIPPA).

Although police have, on occasion, reported information to the Authority, where they intervene in a home licensed by the RHRA, on matters related to resident safety or harm, the non-disclosure of such information to the Authority may, in my view, create risk to other residents, as well as to the Authority.

### Changing Demographics

A number of incidents seen were related to either confirmed altercations and/or alleged abuse between residents or between residents and staff - attributed most often to issues related to cognitive impairment/disorders, advancing dementia, alcohol abuse, incapacity, psychosis and other mental illness concerns- at times, incidents occurred in 'mixed-use' homes, which are addressed in more detail below.

Tracking and analyzing data from MRI's where 'usual and customarily defined' residents of retirement homes co-reside with other residents with pre-existing mental health or other conditions in 'mixed-use' homes, may provide the Authority with evidentiary support in identifying new potential for risk going forward.

While the law is clear in defining "a retirement home", there is less clarity in defining a "retirement home resident". Demographics are changing, and the prevalence of dementia appears to be increasing amongst the older population. As dementia is considered a contributing factor for exit-seeking behaviour, resident to resident violence and other problematic behaviours, a shift in attention to these trends- which constitute different critical risks- may be warranted in the routine

inspections process.

Examples of such incidents include: resident(s) wandering off the premises (which may result in serious harm); actual or perceived incidents involving resident to resident altercations, verbal or physical abuse; and perceived or actual incidents involving neglect.

### Abuse and Neglect

The Act requires that all homes develop and have in place policies setting out how abuse and neglect should be prevented and requiring that staff are aware of and trained in policies respecting prevention and reporting of such incidents (and that the Authority confirm these). Reg s.23 requires homes to have a behaviour management strategy in place specifically to prevent, address and monitor behavioural risks. Homes are also required to train staff in their Abuse & Neglect policy including the relationship between power imbalances, potential for abuse and neglect, training on situations that may lead to same, and procedures for investigating and dealing with such occurrences. While expectations are common for all, I observed considerable discrepancies in the contents of abuse and neglect policies among homes whose files I reviewed- for example, while one home's policy was two pages long, another's was a total of thirteen pages. The focus of both, however, was on defining 'abuse', declaring that it is not to be tolerated, and clarifying the requirements for reporting should abuse or neglect be witnessed. I did not see any policies in the files reviewed that defined any actual practices, actions or steps that must be taken by care givers within a home for anticipating and ultimately preventing such incidents (lower frequency but high potential and impact), but this is not a current requirement. I also did not observe the inspector, in my mock inspection, looking beyond written policies to determine what steps are actually in place to mitigate the potential for such risks- however, I note that inspectors generally do look to the behavior management strategy for these steps and further, check that expectations under Reg 15(3)(g) -which requires an analysis of all incidents of abuse or neglect and an annual evaluation of the home's policy- have been met.

Considerable attention is paid, however, to steps for prevention of further occurrences in mandatory report inspections (MRIs), which are generally conducted after an incident, (or alleged incident), has occurred.

### Resident: Resident Incidents and Risk

RHRA's focus is currently on gathering pertinent information concerning retirement homes and their compliance with legislation- in keeping with its legislative obligations. However, there may be an opportunity for the RHRA to proactively collect and utilize different data (ie. details re incidents involving resident: resident violence- such as time of day of occurrence, use of alcohol or certain mood-altering medications, or other mitigating factors) to better identify and mitigate risks to

residents, going forward.

Whether greater expectations should be placed on retirement homes to demonstrate *how* they are effective in addressing areas of potential risk respecting resident: resident incidents may be worth considering. As example, s.67(1) requires that “Every licensee of a retirement home shall protect residents of the home from abuse by anyone”. The Information Package that must be provided to all residents at entry into the home, must include copious information about the home and its policies, all of which are meant to support the care and safety of residents. However, there is less clarity regarding a home’s role or responsibility in identifying and addressing pre-existing conditions in prospective residents- conditions that appear to contribute to higher risk incidents involving aggression, verbal or physical altercation and other behavioral concerns (ie history of alcohol abuse, psychosis or other types of mental illness). All homes are required, under ss 43-44 of the Regulation to conduct initial and full assessments on all residents, which should provide clarity as to the level(s) of care a resident is anticipated to need. However, consent is required, meaning that this requirement may not be met in the absence of consent. Given the importance of resident safety, all homes would ideally be required to determine- before accepting a resident- whether or not they will be able to provide the level of care needed or deal appropriately with possible, anticipated behaviours- but current privacy and confidentiality provisions may present a barrier to mandating such assessments- without a requirement for consent.

#### Mixed-Use Homes and Risk

Another potential for risk may arise in homes that are licensed as retirement homes but also house other residents. The existence of “mixed-use’ homes- which include a mix of ‘usual and customary’ senior residents with other residents who, because of pre-existing history or conditions, may create potential for higher risk, is not prohibited in the Act. There are currently 38 mixed-use homes licensed by the RHRA, representing just over 5% of the licensed homes in the sector.

It is feasible that some retirement home residents may choose not to enter or remain in a retirement home if they understood it to be a ‘mixed-use’ home open to younger residents with mental illness or other issues that may put them or others at risk. While it is my understanding that some mixed-use homes do address this concern through physical separation of different populations within their homes, there is not a current requirement that this occur.

#### Addressing Risk

The RHRA has undertaken, as a priority, a process for reviewing and revising its Risk Framework, which involves identifying key harms and associated risks-including those associated with inspection outcomes. This project will entail research and input from experts with a focus on scientific evidence to support and ensure objective validity. Detailed analytics is already being conducted using the inspection data, now that the initial first cycle of routine inspections has been

completed. While it is expected to be several years before enough raw data will be available to provide reliable results and reporting, the Authority has begun an initial analysis with a focus on trends in non-compliance. Staff expect that the eventual analysis of the risks associated with inspection outcomes will, going forward, inform the Authority's review and possible revisions to the critical requirements currently in use; in my opinion, the steps the Authority is taking, towards continuous quality improvement in its risk-based inspection program, are appropriate and should strongly enhance its effectiveness in ensuring resident safety and protection.

### Consistency

#### Inspectors and Inspections

There are a number of inspectors conducting all levels of inspections on behalf of the Authority, and I was directed to the nature and amount of training that the inspectors receive, and how it is structured to ensure that individual inspections are conducted in a manner that is standardized and objective. The Authority currently takes steps to facilitate consistency by ensuring new inspectors receive the same training and information package as current inspectors and all members of the inspection team are provided with updates as internal policies or procedures change. Current training for new inspectors stresses the need for objectivity in the Authority's risk-based inspection program. Although inspectors work in the field, they do gather together for department meetings at regular intervals. At each meeting, inspectors are provided with a policy from a retirement home, and are asked to independently evaluate it for compliance. Results are tabulated, shared and discussed, allowing the team to identify and further explore and debate areas where inconsistencies in assessment exist. The Red Form (critical requirement document) is also reviewed at these meetings to highlight trends being observed in the field and again, to reduce any inconsistencies that may exist within each area. Each new inspector 'shadows' at least three experienced inspectors before conducting their own initial inspection, and all inspectors are encouraged to occasionally 'shadow' their colleagues in the field, and to engage in regular discussion about commonalities or differences in practice.

RHRA staff has embraced a suggestion that the Authority strive for greater "inter-rater reliability" amongst the inspectors to ensure greater reliability and consistency in results. One possible approach to testing inter-rater reliability, could be to have at least two inspectors objectively and independently inspect the same home and then compare and discuss results as a learning exercise to determine where differences exist and why. When 'inter-rater reliability' is high, which is the desired result of any assessment, it provides assurance that where more than one individual inspects the same home, each would come up with exactly the same results.

#### Posting Inspection Reports

When corrective action(s) are required pursuant to a routine inspection, they are brought to the

attention of the operator of the home and noted on the draft inspection report. Sometimes, but not always, I noted the inclusion of the timeframe in which the corrective action is expected to be taken. It is especially important, in my opinion, that inspection files- once complete and ready for posting on the public register- include information that is consistent and meaningful to all. As an example, where corrective action has been taken or, where it has not yet been taken, consumers, operators, and residents should be left with the clear impression that the Authority has followed up on, or is following up on the corrective action(s) required.

I was pleased to note, that, further to some feedback respecting the clarity and comprehensibility of publicly available information, the Authority intends to address these in the near future.

### Concluding Remarks

My work this year focused primarily on the inspection program and processes implemented by the Authority, and my review and assessment of the RHRA's regulatory effectiveness with respect to resident safety and protection through inspections and other means was guided by the following question:

*Is the RHRA's inspection Process effective in protecting the residents of licensed retirement homes in Ontario? What are areas of identified risks to residents? To the RHRA?*

In my view, the Authority demonstrates, through its inspection processes, its strong and ongoing commitment to ensure that those who are granted the privilege of operating a licensed retirement home in Ontario do so in a manner that satisfies all legislative and regulatory obligations and ensures residents' safety and protection of their rights and interests.

This year was somewhat unique, as the Authority transitioned to new leadership and welcomed its new CEO and Registrar in mid-January just after the Governance and Regulatory Affairs Committee (GRAC), which oversees my work on behalf of the Board, also welcomed its new Chair and new committee members. Also in January, GRAC requested that the timelines for submission of my report be moved forward- to June 1<sup>st</sup> in 2016 and then to March 31<sup>st</sup> in 2017 and onward, to coincide with the Authority's year end. The slightly shorter timeframe for reporting this year had no material impact on the nature of my work or my ability to report- but it did limit the scope of my review. Accordingly, I looked primarily at consistency in follow-up and subsequent reporting through the lens of the inspection process but more extensive tracking of certain files that would have been expected to proceed further through the 'compliance and enforcement' processes within the RHRA was not conducted.

In concluding, I sincerely thank Bonnie Rose, CEO and Registrar of the Authority and her senior management team, for their ongoing support and willingness always to accommodate my endless requests for meetings, files and other information- often on short notice! The support and guidance of GRAC Chair Barbara Sullivan and the members of GRAC, is also recognized and

appreciated. While my work as Risk Officer is carried out in a manner that assures independence from the Authority's Board, Committees and Staff, I relied, throughout my review and assessment, on their collective support, which is acknowledged and much appreciated.

Deanna L. Williams

Risk Officer

June 2016