



Compliance Guidance

Mandatory Reporting Requirements

Purpose:

This document offers clarity and compliance guidance to help licensees and operators implement the requirements of the Retirement Homes Act, 2010 and Ontario Regulation 166/11 as they relate to mandatory reporting. Please refer to the Act and Regulation for the specific legislative requirements.

This document does not include information about other reporting requirements, such as those relating to infectious disease outbreaks or notice of certain events as outlined in the [Act](#) and [Regulation](#).

If you have questions about the information in this document or would like further support, please contact RHRA's Licensee Engagement and Support team by emailing info@rhra.ca.

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Reportable Matters Under the Retirement Homes Act

Section 75 of the Act requires anyone with reasonable grounds to suspect a *reportable matter* has occurred or may occur to immediately report it to the RHRA. Residents are exempt from this requirement but can report if they wish to do so. Reportable matters include:

1. Improper or incompetent treatment or care resulting in **harm** or a **risk of harm**.
2. Abuse of a resident by anyone, or neglect of a resident by the licensee or staff, if it results in **harm** or a **risk of harm**. The types of abuse are:
 - Physical abuse
 - Sexual abuse
 - Emotional abuse
 - Verbal abuse
 - Financial abuse
3. Unlawful conduct that resulted in **harm** or a **risk of harm** to a resident.
4. Misuse or misappropriation of a resident's money.

Harm or Risk of Harm

Many reportable matters depend on there being *harm* or *risk of harm* to a resident or residents.

Harm includes any injury, damage, or adverse effect to a resident or residents, whether physical, emotional, psychological, or financial.

Risk of harm refers to the realistic possibility that harm might occur based on the circumstances of a situation, considering the likelihood and severity of the risk and impact to the resident(s).

Abuse and Neglect

Abuse is a reportable matter where harm or risk of harm is suspected. The five types of abuse are defined in the Regulation:

Physical Abuse

The use of physical force by anyone other than a resident that causes *physical injury or pain*; administering or withholding a drug for an inappropriate purpose; or the use of physical force by a resident that causes *physical injury* to another resident. Appropriate force used in care or during assistance with activities of daily life are excluded unless excessive (e.g., rough handling of a resident while supporting with ambulation).



A resident's intent or ability to understand and appreciate their actions is not a relevant consideration in the context of reporting physical abuse.

Examples of Physical Abuse

Physical abuse may include, but is not limited to:

- Hitting, slapping, punching, kicking, biting, or pushing a resident;
- Shaking, grabbing, or pulling hair or other body part of a resident;
- Causing a burn to a resident with any item or substance; or,

- Physically restraining a resident for an inappropriate purpose.

How Do We Know if an Incident has Resulted in a 'Physical Injury'?

Physical injury is any damage or harm inflicted on a resident's body, and includes:

- Visible injuries, including but not limited to bruises, skin tears, cuts, swelling, burns, or broken bones; and,
- Non-visible injuries including but not limited to fractures, sprains, strains, internal bleeding and head or brain injuries such as concussions.

Damage or harm that is not immediately evident but leads to lasting physical effects or impairs normal bodily functions or mobility should also be considered *physical injury*. This includes signs or symptoms (e.g. bruising, swelling, internal injury) that appear over time and can be reasonably associated with the incident. Temporary discolorations or redness that dissipate shortly after an incident are not considered *physical injury* for the purposes of this definition.

Sexual Abuse

Consensual or non-consensual sexual touching, behaviour, remarks, or sexual exploitation¹ directed towards a resident by a licensee or staff member, or any non-consensual sexual touching, behaviour, remarks, or sexual exploitation by any other person. Clinical touching appropriate to care or assistance with activities of daily living and pre-existing consensual relationships between a licensee or staff and residents (i.e., existing prior to employment or tenancy) are excluded.

Examples of Sexual Abuse

Sexual abuse may include, but is not limited to:

- Unwanted touching of a resident's genitals, breasts, or buttocks;
- Unwanted penetrating of a resident with any body part or object;
- Coercing a resident to undress or stay naked; or,
- Taking or sharing sexualized photos or videos of a resident or forcing a resident to view sexual materials.
- A consensual sexual relationship between a staff and a resident, which has formed after the staff's employment began or the resident's tenancy began.

Emotional Abuse

Threatening, insulting, intimidating, or humiliating gestures, actions, behaviour or remarks by anyone other than a resident; or by a resident who understands the consequences of their behaviour, where the behaviour causes another resident to feel alarmed or fear for their safety.

Examples of Emotional Abuse

Emotional abuse may include, but is not limited to:

- Intentionally ignoring a resident or separating a resident from their family, friends, or desired activities;
- Treating a resident like an infant or child, or demeaning their physical or cognitive status or their autonomy;

¹ Sexual exploitation means any actual or attempted actions that exploit differential power, trust, or vulnerability of a resident for sexual purposes. Perpetrators of sexual exploitation may gain financial or social benefits from the exploitation, and exploitation can occur through physical contact or technology.

- Threatening eviction without proper notice or to withhold a resident's care; or,
- Physical interactions that do not result in injury but negatively impact a resident's emotional well-being or cause them to have concern for their safety.

Verbal Abuse

Threatening, intimidating, belittling or degrading communication by anyone other than a resident; or by a resident who understands the consequences of their behaviour, where the behaviour leads another resident to fear for their safety.

Examples of Verbal Abuse

Verbal abuse may include, but is not limited to:

- Screaming, yelling, swearing at or calling a resident a derogatory name;
- Threatening a resident with harm to them or their family; or,
- Threatening or intimidating a resident with some other undesirable outcome, such as isolation or eviction.

How Do We Know if a Resident Understands and Appreciates Their Actions?

In the Regulation, the definitions of emotional and verbal abuse by a resident include that the resident must understand and appreciate the consequences of their behaviour or remarks.

When determining whether a resident understands and appreciates the consequences of their behaviour, retirement homes should consider factors such as the resident's capacity and cognitive status at the time of the incident. Formal diagnoses of dementia or other cognitive impairments do not on their own mean that a resident is incapable of this understanding and appreciation but are factors to consider when assessing a resident's capacity.

As capacity may change over time, retirement homes can consider reviewing recent assessments for information relating to cognitive ability, mental health, behavioural issues, or risk of harm to self or others in the home. Homes can also consider other documentation, including progress notes which may provide insight into behavioural patterns or trends for a particular resident. These areas may provide additional and important context when considering whether a resident understood and appreciated the consequences of their behaviour or remarks. If a home determines that a resident could not understand and appreciate the consequences of their behaviour at the time of the incident(s), homes should document the rationale for, and be able to demonstrate their reasoning, for that conclusion.

If a retirement home has concluded that a resident suspected of emotional or verbal abuse does not understand and appreciate the consequences of their behaviour or remarks, a report to RHRA is not required.

The capacity of a resident who is subjected to emotional or verbal abuse is *not* a relevant consideration when determining whether an incident is a reportable matter.

Financial Abuse

Any misappropriation or misuse of a resident's money or property.

Examples of Financial Abuse

Financial abuse may include, but is not limited to:

- Stealing a resident's money, banking cards, or jewelry;

- Coercing a resident to lend, give away or gift money, property, or possessions; or,
- Misusing a Power of Attorney to access and use a resident's money for inappropriate purposes.

Neglect

A reportable matter where harm or risk of harm is suspected. Neglect is defined in the Act as the failure to provide required care or assistance for health, safety or well-being to a resident. It includes an inaction or a pattern of inaction that jeopardizes the health or safety of one or more residents.

Examples of Neglect

Neglect may include, but is not limited to:

- Failing to conduct planned safety/wellness checks on a resident;
- Failing to address behaviours of a resident that pose a serious risk of harm to their health and safety (e.g., wandering, elopements, suicidal ideations);
- Failing to ensure staff are monitoring residents as required and in alignment with planned behaviour management strategies or approved plans of care;
- Failing to respond appropriately to a resident's medical emergency or fall, including leaving a resident unattended or in a compromised position; or,
- Failing to respond in a timely manner to a resident's request for care or assistance, especially where there are known risks (i.e., high care needs, high falls risks).

Other Reportable Matters

Improper or Incompetent Treatment or Care

Improper or incompetent treatment or care is any action or inaction in the provision of care or services to a resident, by either staff of the home or external care providers, that does not meet accepted professional or organizational standards. This includes, but is not limited to:

- Failure to provide necessary and appropriate assistance with daily living, medications, or other care, including failure to accommodate a resident's clinical or dietary needs;
- Treatment or care that is inconsistent with established plans of care, the retirement home's applicable policies or procedures, or professional guidelines set by regulatory colleges or other related bodies (e.g., medication errors²); and
- Unsafe practices that compromise a resident's physical or emotional health or wellbeing, including the provision of care or treatment by an individual who lacks the skills and qualifications to perform the task.

If you suspect that improper or incompetent treatment or care has occurred (or may occur) resulting in harm or risk of harm to a resident, it is a reportable matter.

Unlawful Conduct

Unlawful conduct is any action or inaction that violates federal, provincial, or municipal laws or regulations. This includes, but is not limited to:

- Criminal acts such as assault, theft, fraud, sexual misconduct, or drug related offences within the retirement home or to residents; and

² A medication error is any action or inaction relating to prescribing, transcribing, ordering, storing, labelling, dispensing, administering or distributing of a drug or other substance that results in harm to a resident.

- Breaches of public welfare laws including, but not limited to, violations of Building or Fire Codes or Public Health violations³.

If you suspect that unlawful conduct has occurred (or may occur) resulting in harm or risk of harm to a resident, it is a reportable matter.

Other Considerations for Reportable Matters

Reasonable Grounds to Suspect

Retirement homes must report to RHRA if there are reasonable grounds to suspect that a reportable matter has occurred. Staff do not have to be certain that an incident occurred to have reasonable grounds to suspect that it may have occurred. Additionally, a retirement home does not require witnesses or other confirmation to have reasonable grounds to suspect something took place. This may be clear for certain situations (e.g., resident-to-resident physical altercations resulting in injury), but less so for others including potential incompetent care by a staff member resulting in a risk of harm to a resident.



What kinds of information or signs would lead staff to have reasonable grounds to suspect an incident may have occurred and must be reported?

Ask yourself questions about the incident you are being notified about such as:

- Is there a change in the resident's condition, appearance or demeanor?
- If another staff member described this situation to me, would I think it should be reported?
- Would most people feel uncomfortable ignoring and not reporting this?
- Is there reason to think the person notifying you of the incident is not telling the truth? If so, what other information should be obtained to validate or invalidate the allegation(s)?
- Does the person notifying you of the incident lack important information that would affect whether the incident meets the criteria for a reportable matter? If so, what other information should be obtained to validate or invalidate the allegation(s)?

If a suspected or alleged incident may meet the definition of a reportable matter, retirement homes must promptly investigate the initial suspicions or allegations to determine whether reporting is required.

If the home has completed an investigation and concluded it does not have reasonable grounds to suspect the incident is a reportable matter, the findings and rationale for that conclusion should be documented. The RHRA may ask how the home conducted its investigation and came to that conclusion. It is important for the home to be able to demonstrate their rationale for determining that there are no reasonable grounds to suspect that a reportable matter occurred.

What Does "Report Immediately" Mean?

Reports must be made to RHRA immediately once a person has reasonable grounds to suspect that a reportable matter has occurred or may occur⁴. As reports to RHRA are required immediately, a retirement home's internal investigation may not yet be fully completed. While 'immediately' means without delay, if there is a delay, homes should document the reason or circumstances that led to the delay. As an example, if the person responsible for

³ Building/Fire Code and Public Health violations do not need to be reported unless the violation is directly tied to risk of harm or harm for residents within the home.

⁴ The requirement to report to RHRA may intersect with other reporting obligations (e.g., police, public health, workplace safety); these obligations do not replace the requirement to report to RHRA.

initiating an investigation and reporting to RHRA is off work and unavailable, and there is no alternate available, a short delay (e.g., 24-48 hours), may be reasonable but should be clearly documented. Retirement homes should assess each situation individually, as the severity of potential harm to residents will determine how long a delay may be considered reasonable.

Under certain circumstances, immediate reporting to police is also required. This is when an alleged, suspected or witnessed incident of abuse or neglect of a resident may constitute a criminal offence (e.g., physical or sexual assault, theft or fraud). Reporting suspected criminal offences to police is required regardless of resident or family wishes.

Complaints Made to the Retirement Home

Retirement homes may receive written or verbal complaints from residents, families, or others which must be documented and processed according to the home's complaints procedure. While complaints may not always meet the threshold to be a reportable matter, each complaint should be evaluated in the context of the mandatory reporting requirement. If a complaint includes information indicating there are reasonable grounds to suspect a reportable matter has occurred, homes are required to report that information to RHRA immediately and should not wait until the completion of the complaints process to report. More information about handling complaints can be found in RHRA's related [Compliance Assistance Module](#) (or [transcript](#)).

Resident-to-Resident Incidents

There are additional considerations for retirement homes when managing resident-to-resident incidents.

Resident-to-resident physical altercations that do not result in injury may still meet the threshold for emotional and/or verbal abuse, even if they do not meet the definition of physical abuse. This would be the case if the resident directing abusive behaviour or remarks towards another resident reasonably understands and appreciates the situation.

Resident Deaths

When a resident passes away in a retirement home, whether expected or unexpected, homes should consider whether the circumstances surrounding the resident's passing would reasonably constitute a reportable matter. This could relate to improper or incompetent end-of-life care, neglect by staff, abuse or unlawful conduct by anyone.

Resident deaths that do not meet this threshold do not need to be reported to RHRA.

Retirement homes are also required to report to the coroner and/or police if there is reason to believe a resident's sudden or unexpected death was the result of a fall, violence, negligence, misconduct, or disease or sickness for which the resident was not treated by a legally qualified medical practitioner ([Coroners Act, R.S.O. 1990, c. C.37](#)).

For ease of reference, licensees and operators can access RHRA's [Reporting Resident Deaths resource](#), which outlines key reporting requirements and considerations when determining whether a resident death may be reportable.

Situations That Are Not Reportable Matters

Even if a resident-to-resident incident, physical or otherwise, does not meet the threshold for a reportable matter, it may require action by the retirement home. As an example, non-abusive interaction between two

residents may still require implementation of appropriate behaviour management strategies, reassessment and revisions to plans of care, or additional staff training.

The following are examples of incidents that would not be considered a reportable matter:

Incident 1

Resident A's private caregiver reported to the retirement home that while she was escorting Resident A down the hall, Resident B approached from the opposite direction. As they passed each other, Resident A greeted Resident B, and Resident B then proceeded to verbally abuse Resident A. The caregiver also advised that shortly afterwards, Resident A told her of previous situations where Resident B was saying the same thing to her and other residents. Resident A expressed that she does not feel safe when near Resident B. Resident B resides on a memory care floor, is living with dementia and is unable to appreciate the consequences of their actions.

Why is this incident not reportable?

While Resident B's remarks may appear to constitute emotional and/or verbal abuse, the behaviours are occurring in the context of dementia, which impairs Resident B's ability to understand the impact of their comments on others.

What are RHRA's expectations in these situations?

While it may not ultimately be a reportable matter, retirement homes are still expected to respond to the situation and determine for themselves whether it meets any of the definitions of abuse. Keeping documentation to support preliminary investigations into whether the situation may be reportable is strongly encouraged.

Even if the definition of abuse is not met, homes should consider providing support to residents who express or show signs of emotional harm because of an incident.

Homes are strongly encouraged to view situations like these as an opportunity to evaluate whether new behaviour management strategies would be applicable or evaluate the effectiveness of any previously implemented strategies.

Incident 2

A staff member was standing near the dining room and observed three residents engaged in what appeared to be a friendly conversation. The staff member left the area to attend to a resident at reception and shortly thereafter heard yelling, including one resident shouting loudly. Upon returning, the staff member observed Resident A walking away from Resident B, while Resident B continued to yell at her. Resident B then followed Resident A and her walker bumped into the back of Resident A's legs, causing Resident A to shout out and slump over her own walker. The staff member who witnessed this immediately went to separate the residents and another staff member nearby attended as well. Resident B was escorted back to her room, while Resident A was assessed with no injuries noted. Both residents were also spoken to by the Health and Wellness Manager later that evening and while it was clear there was some interpersonal conflict, neither resident reported any alarm, fear, or other emotional harm stemming from the incident.

Why is this incident not reportable?

Upon assessment, Resident A experienced no injury because of Resident B's walker bumping into her legs.

While it appears likely that Resident B understood and appreciated the consequences of her actions, Resident A did not report being alarmed or fearful by the interaction when interviewed.

If the incident had involved only pain caused to Resident A by a non-resident, it would be reportable.

What are RHRA's expectations in these situations?

Retirement homes should continue to monitor residents who do not initially show signs of injury, as symptoms may develop or become apparent at a later time. Monitoring should be considered for a reasonable amount of time following an incident, with consideration to the nature of potential injury and proportional to the risk of harm to the resident.

Generally, homes should ensure that residents understand what behaviours and remarks may be considered abusive, and that staff understand how to recognize, respond, and manage situations of abuse.

Homes are strongly encouraged in situations like these to identify triggers for the behaviour and determine whether behaviour management strategies are required to minimize the potential for repeated incidents or escalation.

Incident 3

An external care provider entered Resident A's room to provide evening care and found Resident B, who resides in the room across the hall, fully unclothed. The staff member immediately asked Resident B to get dressed and leave, and Resident B told the care provider they were disrespectful before leaving. After providing care, the external care provider reported the interaction to the home's management, who initiated an immediate investigation.

Both residents have some cognitive impairment as they both require reminders and support relating to personal care. The residents were interviewed separately by the home, and both indicated they were in a relationship and were looking into the possibility of moving in together. Some of the home's staff advised they had seen Resident A and B spending more time together in common areas recently.

Why is this incident not reportable?

While on first reaction the situation may appear to be sexually abusive in nature, residents with cognitive impairment should not immediately be considered incapable of consenting to personal decisions, including engaging in intimate relationships.

There is no apparent harm or risk of harm to either resident, as both indicated they are in a consensual relationship and no other observations indicating otherwise have been made.

What are RHRA's expectations in these situations?

Retirement homes have the duty to respect a resident's autonomy, independence and privacy, as well as a duty to protect residents from harm.

Homes are encouraged to keep an open dialogue with residents who they suspect may be at risk of sexual abuse or are unclear about the resident's ongoing ability to consent in these situations.

If no risk is present, reasonable steps may be considered to support and accommodate two residents who express an interest in pursuing a consensual relationship, with consideration to their privacy, autonomy and independence.

Reporting to RHRA: Our Process and What to Expect

Electronic Submission via the Website

Reports can be submitted via the RHRA website using our online portal [form](#). The use of this form is strongly encouraged and is the preferable method for submitting reports, as it allows for a person who has made a report to track the status of the case and interact directly with RHRA about the matter in a secure and efficient way. Alternatively, reports can be submitted by calling 1-855-275-7472, completing and emailing this [form](#) to info@rhra.ca, or faxing to 1-855-631-0170.

What to Include in Every Report

Regardless of how reports are submitted to RHRA, providing thorough information will help RHRA staff respond in the most appropriate way. It is important to provide as much information and detail as possible, including:

The retirement home name, licence number, and contact information.

A description of what happened, including:

- Details on where, when, and what happened.
- Details on who was involved (either directly or indirectly).
- Impact on resident(s) involved.
- Immediate actions taken by staff or management to respond and protect residents.
- Any other actions taken to comply with the home's zero tolerance of abuse and neglect policy or other relevant policies.
- Any relevant history pertaining to those involved.
- Any other information that you think is relevant for RHRA to be aware of relating to ongoing issues or underlying root causes, and steps taken to achieve and maintain compliance.

What to Expect After a Report Is Submitted

RHRA staff review and assess all reports that are received. The Act outlines that reportable matters must be addressed through an inspection or by making inquiries for the purpose of determining compliance. If the reportable matter indicates serious harm has occurred to a resident or there is a risk of serious harm, an inspection must occur. Therefore, a reportable matter may result in referral to an inspector for an on-site inspection. This typically occurs when RHRA determines that a reportable matter requires immediate attention due to the severity of risk of harm or harm and potential for impact on a resident(s) health, safety, or well-being.

Generally, the RHRA aims to conduct inspections related to reports of harm or risk of harm immediately. Time to conduct an inspection can vary based on factors such as the information provided (i.e., whether we need to seek further clarification from the person reporting), impact to resident(s), or whether other investigations are underway (e.g., police or fire investigations). RHRA aims to have these inspections completed and posted on the Retirement Home Database within a reasonable time. Case processing is dependent on factors such as the complexity of the issue(s), availability of witnesses or relevant persons, and level of engagement of the home. When the RHRA takes further regulatory enforcement action following an inspection, the home is provided with notice and receives communication about the action being taken.

RHRA staff may also conduct remote inquiries after receiving a report. This typically occurs when RHRA determines that a reportable matter requires attention due to the presence of risk of harm or minor harm, but that the situation could be addressed initially by obtaining more information from the home or other relevant parties. These inquiries may involve requests to the home for certain documentation relevant to the incident or related concerns. Information requested during inquiries helps to determine whether appropriate steps were taken by the home and may help support the closure of the inquiry. As such, homes' prompt attention to these requests is strongly encouraged. Generally, inquiries can be completed within a matter of days, if information is received promptly. During an inquiry, if RHRA staff determine that an on-site inspection is needed to collect further information or to more appropriately address the report, a referral to an inspector will be made.

Finally, RHRA staff may flag specific concerns for follow-up during future inspections. This typically occurs when RHRA has conducted an inquiry and needs to confirm that compliance is being maintained, or there are additional compliance concerns that are identified during the inquiry that do not relate to harm or risk of harm to residents.

Additional Resources

The resources below can help licensees and operators better understand Mandatory Reporting obligations, identify reportable matters, and support compliance with the Act and regulations that help protect residents:

LEARNING MODULES

[Situational Learning – Protections from Physical Abuse and Sexual Abuse](#) (20 minutes)

[Situational Learning – Protection from Verbal Abuse and Emotional Abuse](#) (20 minutes)

[Situational Learning – Protection from Financial Abuse](#) (15 minutes)

[Situational Learning – Prevention of Neglect](#) (20 minutes)

INSIGHT SERIES

[Insight Series – Issue 1: Compliance Trends in Protection from Abuse and Prevention of Neglect](#)

FACT SHEETS AND MICRO-LEARNING RESOURCES

[Whistle-Blowing Protection](#)

[When to Report a Resident's Death to the RHRA](#)

[Protecting Residents from Financial Abuse](#)

CONNECT WITH RHRA'S LICENSEE ENGAGEMENT AND SUPPORT TEAM

If you have questions about these resources or would like to explore additional support opportunities through the RHRA, such as compliance education engagements or webinars on Abuse and Neglect and other legislative areas, please connect with the Licensee Engagement and Support team by emailing info@rhra.ca.

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