



A Reportable Incident must be reported to the Assisted Living Registry within 24 hours of the incident. Please review Section 51 and Schedule E of the Assisted Living Regulation. This form must be completed in full by staff who witnessed the event. Use one form per incident. Completed forms can be faxed to (250) 953-0496 or sent by email to [Hlth.assistedlivingregistry@gov.bc.ca](mailto:Hlth.assistedlivingregistry@gov.bc.ca)

Residence Information and Site Manager Contact			
Residence Rideau Residences			Phone Number
Address of Site 1850 Rosser, St.		City Burnaby	
Name of Site Manager Ann Leckie		Email boardchair@chalmersfdn.ca	Phone Number
Incident Involves: <input checked="" type="radio"/> Private Pay Resident <input type="radio"/> Publicly Subsidized Resident <input type="radio"/> Resident Receiving Per Diem Funding	Health Region <input checked="" type="radio"/> Fraser <input type="radio"/> Northern <input type="radio"/> Interior <input type="radio"/> Vancouver Coastal <input type="radio"/> Island	Classification <input checked="" type="checkbox"/> Seniors and Persons with Disabilities <input type="checkbox"/> Mental Health <input type="checkbox"/> Supportive Recovery	
Persons Involved (if more than 2 residents or 2 witnesses are involved, attach a separate sheet with the additional names)			
Last Name of Resident Affected	First Name of Resident Affected	Date of Birth (dd/mm/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> X
Last Name of Resident Affected	First Name of Resident Affected	Date of Birth (dd/mm/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> X
Last Name of Witness	First Name of Witness	<input type="radio"/> Staff <input type="radio"/> Other (specify) <input type="radio"/> Resident	
Last Name of Witness	First Name of Witness	<input type="radio"/> Staff <input type="radio"/> Other (specify) <input type="radio"/> Resident	
Incident Details			
Date of Incident (dd/mm/yyyy)	Time <input type="radio"/> AM <input type="radio"/> PM	Transfer to the Hospital <input type="radio"/> Yes <input type="radio"/> No	Where did incident take place? (e.g. resident's unit, common area)
Notification to Resident's Contact Person <input type="radio"/> Yes <input type="radio"/> No - provide reason:		Name of Person Notified	Relationship to Resident
Notification to Funding Program (if applicable) <input type="radio"/> Yes <input type="radio"/> No - provide reason			
Type of Incident (tick all applicable boxes)			
<input type="checkbox"/> Aggression between residents <input type="checkbox"/> Aggressive or unusual behaviour <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Choking <input type="checkbox"/> Death (see below) <input type="checkbox"/> Disease outbreak or occurrence	<input type="checkbox"/> Emotional abuse <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Financial abuse <input type="checkbox"/> Food poisoning <input type="checkbox"/> Medication error <input type="checkbox"/> Missing person	<input type="checkbox"/> Motor vehicle injury <input type="checkbox"/> Neglect <input type="checkbox"/> Other injury <input type="checkbox"/> Overdose <input type="checkbox"/> Physical abuse <input type="checkbox"/> Poisoning	<input type="checkbox"/> Police call <input type="checkbox"/> Service delivery problem <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Unexpected illness <input type="checkbox"/> Other (specify)
If Death was checked above, was the Coroners Service notified? <input type="radio"/> Yes <input type="radio"/> No - provide reason			

### Incident Description

The person who witnessed the event must describe in detail what they observed. (attach a separate sheet if necessary)

I am writing this complaint <sup>s.22</sup>

of the Chalmers

Foundation (the operator of the Rideau Retirement Residences). <sup>s.22</sup>

s.22

s.22 a series of profound breaches of policies and conduct,  
culminating in a recent "self-dealing" incident which was untenable. <sup>s.22</sup>

s.22

s.22

The foundation recently sold a facility on West 12th Ave. in Vancouver and as a result has a significant positive cash position. Recent events from the operations side indicates a high risk for the financial well being of the foundation (various remaining board members are occupying both Board positions as well as paid operational roles). <sup>s.22</sup>

s.22

The foundation lost \$2.5 Million last fiscal year <sup>s.22</sup>

The board members who are self-dealing are also taking non-financial benefits through accommodations use and free daily meals, which I will report separately to the CRA.

s.22

I was not sure to what extent the Assisted Living Registry has the interest or the required authority to address any of these concerns, but to the extent that the Registry does have authority or investigatory rights, I employ you to open an investigations as soon as possible. <sup>s.22</sup>

### Immediate Action Taken by Staff Following Incident

(attach a separate sheet if necessary)

### Signatures

Name of Staff who Witnessed and/or Responded to the Incident

Name of the Residence Manager or Delegate

Date (dd/mm/yyyy)

Jane Dean

29/08/2023

Page 03 of 28 to/à Page 04 of 28

Withheld pursuant to/removed as

s.15 ; s.22

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**From:** s.22

**Sent:** Thursday, September 21, 2023 9:53 AM

**To:** Godek, Ernest HLTH:EX <Ernest.Godek@gov.bc.ca>

**Subject:** FW: Please see attached file

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hello Earnest,

As you can see, there is still keen interest from <sup>s.22</sup> to get updated. You will also note additional concerns as identified by <sup>s.22</sup> in yellow

Anything you can share would be greatly appreciated.

s.22

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**From:** s.22

**Sent:** Thursday, September 21, 2023 9:46 AM

**To:** s.22

**Cc:** s.22

**Subject:** Re: Please see attached file

**⚠ CAUTION:** This email originated from an external sender. Verify the source before opening links or attachments. ⚠

That's wonderful news! You are the best. If we could expand on the information related to the quality of resident services, that would be highly valuable. For instance, we should explore instances where residents have not received adequate service, potential risks that some residents might be exposed to, or individuals experiencing a lower quality of life due to financial difficulties.

s.22

s.15; s.22

Page 08 of 28 to/à Page 11 of 28

Withheld pursuant to/removed as

s.15 ; s.22

**From:** s.22

**Sent:** Tuesday, August 29, 2023 3:24 PM

**To:** HLTH Assisted Living Registry HLTH:EX <[Hlth.assistedlivingregistry@gov.bc.ca](mailto:Hlth.assistedlivingregistry@gov.bc.ca)>

**Subject:** Please see attached file

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hello,

I've tried to capture succinctly in the attached form, my concerns regarding the operation of the Rideau Retirement Residences, 1850 Rosser St., Burnaby B.C.

I'm available for any discussions as you find appropriate.

s.22



Page 13 of 28

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