

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: February 3, 2026

Inspection Number: 2026-1196-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP

Long Term Care Home and City: Bloomington Cove Community, Stouffville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 19 to 23, 27 to 30, 2026 and February 2 to 3, 2026

The inspection occurred offsite on the following date(s): January 21 and 29, 2026

The following intake(s) were inspected:

- One intake related to a Proactive Compliance Inspection (PCI)

The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement
- Residents' Rights and Choices
- Pain Management

INSPECTION RESULTS

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Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (r)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The information required for posting in the home, specifically the explanation of whistle-blowing protection, was not posted in a conspicuous and easily accessible location.

Sources: Observations and interview with the Executive Director (ED).

Date Remedy Implemented: January 22, 2026

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The information required for posting in the home, specifically the visitor policy, was not posted as legislated.

Sources: Observations and interview with the ED.

Date Remedy Implemented: January 22, 2026

WRITTEN NOTIFICATION: Skin and Wound Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

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Skin and wound care

- s. 55 (2) Every licensee of a long-term care home shall ensure that,
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

A resident's electronic care plan indicated that they were to have a specific intervention in place at all times. Two separate observations were made in which the intervention was not in place as directed in the resident's care plan.

Sources: Observations, a resident's clinical records, and interview with a Registered Nurse (RN) and Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Nutritional care and hydration programs.

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

Nutritional care and hydration programs

- s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
- (c) the implementation of interventions to mitigate and manage those risks;

A resident was required to be on a specific type of fluids consistency. An observation was made on a specific date, where the resident was served with the incorrect fluid consistency.

Sources: A resident's electronic health records, and an interview with a Personal Support Worker (PSW).



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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