Ontario

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

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

Central East District
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Oshawa, ON, L1H 1A1
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Public Report

Report Issue Date: December 11, 2024
Inspection Number: 2024-1389-0004
Inspection Type: Critical Incident
Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP
Long Term Care Home and City: Bradford Valley Community, Bradford

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 9 - 11, 2024

The following intake(s) were inspected:

- An intake related to a fall with injury.

The following intake was completed in this inspection:

- An intake related to a fall with injury.

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reports re critical incidents

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

The licensee has failed to ensure that the Director was informed no later than one business day, of an incident that caused injury to resident #001 which resulted in a significant change in the resident's health.

Registered Practical Nurse (RPN) #102 confirmed that after an incident that caused injury to resident #001, there was a significant change in their health condition. Associate Director of Care (ADOC)/ Falls lead indicated a CIR was submitted several days after.

Sources: Critical Incident Report (CIR), interviews with staff.