

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**Central East Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 14, 2021	2021_718535_0008	025612-20, 003314- 21, 006513-21	Critical Incident System

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**Licensee/Titulaire de permis**The Royale Development GP Corporation as general partner of The Royale  
Development LP  
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8**Long-Term Care Home/Foyer de soins de longue durée**Cedarvale Lodge Retirement and Care Community  
121 Morton Avenue Keswick ON L4P 2M5**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

VERON ASH (535)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): May 27, 28, 31 and June 1, 2021.**

**The following intakes were completed during this inspection:**

**Log #006513-21 was related to responsive behavior,  
Log #003314-21 was related to follow-up to CO#001 from inspection #2020\_595110\_0013 regarding r. 35. (1), CDD Feb 28, 2021, and  
Log #025612-20 was related to follow-up to CO#001 from inspection #2020\_595110\_0014 regarding s. 6. (10), CDD Jan 08, 2021.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Environment Service Manager, registered staff (RN/RPN) and personal support worker (PSWs).**

**During the course of the inspection, the inspector conducted a tour of the home, observations on resident home units related to resident to resident and staff to resident interactions, reviewed infection prevention and control practice, clinical health records, compliance plan, compliance related documents, staffing schedule, internal investigation records and relevant home policies and procedures.**

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

**Falls Prevention  
Infection Prevention and Control  
Personal Support Services  
Responsive Behaviours**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)  
1 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

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**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 35. (1)	CO #001	2020_595110_0013	535
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #001	2020_595110_0014	535

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure the resident's care was provided to the resident as specified in the plan.

The resident was assessed on an identified date, and they have responsive behaviors and related diagnoses. Their written care plan includes an identified intervention to be set in place to decrease episodes of responsive behaviors and ensure safe interaction with other residents.

On two separate dates, the resident engaged in altercations with two different residents which resulted in injuries. The DOC verified that both incidents occurred while the identified intervention was not in place. Therefore the home failed to ensure the resident was provided care as specified in the plan.

Source: Two CIS reports, resident's written care plan, interview with DOC and others. [s. 6. (7)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the resident's care was provided as specified in the plan, to be implemented voluntarily.***

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**Issued on this 16th day of June, 2021**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**