

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

Amended Public Report Cover Sheet (A2)

Amended Report Issue Date: February 10, 2025

Original Report Issue Date: December 9, 2024

Inspection Number: 2024-1260-0003 (A2)

Inspection Type:

Follow up

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

Long Term Care Home and City: Cedarvale Lodge Community & Retirement Living, Keswick

AMENDED INSPECTION SUMMARY

This report has been amended to:

The Compliance Order CO#001 was rescinded by the Director.

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AMENDED INSPECTION SUMMARY

This report has been amended to:

The Compliance Order CO#001 was rescinded by the Director.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 20-22, 2024

The following intake(s) were inspected:

Intake: #00126276 – regarding follow-up #1, Compliance Order#001, workspace #2024-1260-0002, O. Reg. 246/22 - s. 93 (2) (a)Housekeeping, with a Compliance Due Date (CDD) of October 31, 2024.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2024-1260-0002 related to O. Reg. 246/22, s. 93 (2) (a)

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Conditions of licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with Compliance Order (CO) #001 from Inspection 2024-1260-0002 served on September 9, 2024, with a compliance due date of October 31, 2024.

Rationale and Summary

The Licensee did not meet the following conditions set in (CO) #001 from Inspection 2024-1260-0002

1. The Director of Environmental Services (DES) in collaboration with the

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Executive Director (ED) will develop and implement housekeeping procedures for cleaning and disinfection practices throughout the home, including resident rooms, resident bathrooms, dining rooms, common areas, floors, contact

2. The cleaning and disinfection procedures shall be made available to the inspector immediately upon request.
3. Provide re-education to all housekeeping staff on the developed procedures related to cleaning and disinfection.
5. The DES or ED shall audit the cleaning and disinfection practices in all resident home areas. The audit shall be completed three times a week, including weekends, on the day and evening shifts, for a period of eight weeks indicating specifically what practice was observed, and what corrective actions, if any, were taken.

The DES and ED were to create and implement a detailed housekeeping procedure for cleaning and disinfection. Instead, they provided an Environmental Cleaning Resource Guide, which lacked sufficient information and clear procedures, specific protocols or guidelines for cleaning certain areas like shower rooms and bathrooms. Both the DES and the Provincial Director of Culinary and Environmental Services agreed that the guide was inadequate for staff to follow the cleaning protocol effectively.

Due to insufficiencies in the Environmental Cleaning Resource Guide the training and education lacked the information and clear procedures, specific protocols or guidelines for cleaning certain areas like shower rooms and bathrooms. Interviews with staff confirmed lack of clarity regarding responsibilities as the housekeeping staff had varied recollections of the education and instructions they received.

Condition 5 of the order required regular observations and assessments of cleaning practices, along with any corrective actions taken. While records showed initial

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visual assessments of rooms before cleaning, they did not include follow-up assessments during or after cleaning. Interviews revealed that these performance observations were not consistently completed, except for one instance where a staff member was observed cleaning a room.

Further review of the audit sheets reflected that each sheet included identified deficiencies and corrective actions, however there were no specific deficiencies outlined and what corrective actions followed, thus, limited ability to identify the gaps or trends.

Sources: CO #001 from # 2024-1260-0002, interviews staff, audits, and policy and procedure.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

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There was no history of non-compliance (NC) with FLTCA, 2021, s. 104 (4) related to the Compliance Order #001 from Inspection Report #2024-1260-0002.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

(A2)

The following order(s) has been rescinded: CO #001

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.