

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: June 13, 2025

Inspection Number: 2025-1258-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: Shanti Enterprises Limited

Long Term Care Home and City: Royal Terrace, Palmerston

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26-29, June 2-6 and 9-11, 2025

The inspection occurred offsite on the following date(s): June 12, 2025

The following intake(s) were inspected:

- Intake: #00147916 - 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
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards

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Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

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. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee has failed to ensure the home was a secure environment for its residents by not equipping the French doors in the lounge that led to an unsecured outdoor area with a type of lock that could not be easily unlocked by residents.

The home had received the appropriate lock on June 10, 2025, and will be installed when the room, that is now being used as a palliative room, will be vacant.

Sources: Observations and discussions with the IPAC Lead, the Residential Services Manager and the Administrator.

Date Remedy Implemented: June 10, 2025

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WRITTEN NOTIFICATION: General requirements for programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Three residents' documentation did not include turning and repositioning.

The licensee failed to ensure documentation was completed for three residents.

The Director of Care (DOC) stated that there was not an official documentation process when residents are turned and repositioned by staff.

The DOC stated that the home documents bowel and bladder continence on each shift, and confirmed that not all episodes of toileting are documented.

Sources: Interviews with DOC, and record reviews of residents task records and care plans.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. i.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

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6. A written record of,
i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

The 2023-2024 Continuous Quality Improvement (CQI) Initiative Report did not include a written record of the dates the actions were taken to improve the long-term care home were implemented.

Sources: The home's 2023-2024 "Quality Plan and Report" and "QIP Workplan 2023-2024" and interviews with the Director of Life Enrichment (DLE) and Administrator.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. iii.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,
iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,

The 2023-2024 Continuous Quality Improvement (CQI) Initiative Report did not include a written record of the role of the Resident's Council in the actions taken to improve the long-term care home.

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Sources: The home's 2023-2024 "Quality Plan and Report", "QIP Workplan 2023-2024", and interview with the administrator.

WRITTEN NOTIFICATION: Protection of privacy in reports

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 351 (2) 1.

Protection of privacy in reports

s. 351 (2) Where an inspection report mentioned in clause (1) (a), (c) or (d) contains personal information or personal health information, only the following shall be posted, given or published, as the case may be:

1. Where there is a finding of non-compliance, a version of the report that has been edited by an inspector so as to provide only the finding and a summary of the evidence supporting the finding.

In May, 2025, the Resident Council meeting minutes binder contained Licensee Reports from inspections. The reports contained personal health information. These reports were accessible to residents, visitors, and staff, via the public display of the binder.

Sources: Resident Council meeting minutes binder and interview with the Administrator.