

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

**Ottawa District**  
347 Preston Street, Suite 420  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

<b>Report Issue Date:</b> March 15, 2023	
<b>Inspection Number:</b> 2023-1364-0005	
<b>Inspection Type:</b> Complaint Follow up Critical Incident System	
<b>Licensee:</b> The Royale Development GP Corporation as general partner of The Royale Development LP	
<b>Long Term Care Home and City:</b> Granite Ridge Care Community, Stittsville	
<b>Lead Inspector</b> Anandraj Natarajan (573)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Sarabjit Kaur (740864)	

## INSPECTION SUMMARY

The inspection occurred on the following date(s): February 28, 2023, March 2, 6, 7, 8, 9, and 10, 2023

The following intake(s) were inspected:

- Intake: #00015588 – Follow-up on Compliance Order (CO) #001 served in inspection report #2022-1364-0002 regarding O.Reg. 246/22, s. 102 (2) (b) with a compliance due date of March 01, 2023.
- Intake: #00018638 - Complaint /concerns related to care and services to the resident.
- Intake: #00015530 - Allegations of resident to resident sexual abuse.
- Intake: #00017376 - Fall of a resident resulting in significant change in health status.
- Intake: #00018434 - Fall of a resident resulting in significant change in health status.

The following intakes were completed in this inspection: Intake #00017731 and Intake #00019089 were related to falls.

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## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:  
Order #001 from Inspection #2022-1364-0002 related to O.Reg. 246/22, s. 102 (2) (b) inspected by Sarabjit Kaur (740864)

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Staffing, Training and Care Standards
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was followed.

**Rationale and Summary :** During this inspection, a PSW staff was observed providing personal care to a resident in their room on contact precautions without any gown and gloves. The resident's door has a signage for contact precautions and there was PPE available outside the resident's room. During the interview with the PSW about the resident's contact precautions

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status stated that the resident is not on any precautions and that the precautions signage on the door should have been removed.

During an interview with the RPN, they confirmed that the resident is on contact precautions. Interview with the IPAC Lead, confirmed that resident was on contact precautions and the PSW should have worn gloves and a gown while doing personal care. Record review of the resident's chart indicated that resident is on contact precautions.

During an observation, a student PSW did not sanitize their hands between handling the dirty and clean linen. Interview with the student PSW, verified that they forgot to sanitize their hands and should have sanitized them after handling the dirty linen. The Inspector observed a PSW did not sanitize their hands after handling the dirty linen and removing their gloves. The PSW then went to the nursing office and handle a resident's cream. They did not sanitize their hands before touching the cream. During an interview, the PSW acknowledged that they did not sanitize their hands after the removal of dirty gloves and touching the resident's cream.

During another observation, a PSW was observed carrying the dirty cart and holding gloves, sanitized their hands after parking the dirty cart and donned the contaminated gloves. The PSW in an interview, confirmed that their gloves were contaminated, and they should have used a clean pair of gloves as they were going to provide personal care to a resident. Not wearing appropriate PPE and following hand sanitization increases the risk of transmission of infectious agents between staff and residents.

**Sources:** Observations of the Inspector, interview with the PSWs, RPN and other staff. [740864]

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## WRITTEN NOTIFICATION: General Requirements

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

Non-compliance with: O.Reg. 246/22, s. 34 (1) 3.

The licensee failed to ensure that the falls prevention and management program was evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

**Rationale and Summary:** The licensee's Falls Prevention and Management, VII-G-30.10 policy/ program record review indicated that the last revision date was in December 2021. Interview with the Director of Care (DOC) confirmed that their falls prevention and management program last revised/ evaluated date was in December 2021. There is potential risk to the residents related to the licensee's failure to evaluate and update the falls prevention and management program annually.

**Sources:** Licensee's Falls Prevention and Management, VII-G-30.10 policy/ program revision date: December 2021 and interview with the DOC. [573]