

**Ministry of Long-Term Care**

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

**Ottawa District**

347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Public Report

**Report Issue Date:** May 12, 2025

**Inspection Number:** 2025-1364-0003

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

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

**Long Term Care Home and City:** Granite Ridge Community, Stittsville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 15, 16, 17, 22, 23, 24, 25, 28, 29, 30, 2025 and May 1, 2, 5, 6, 8, 9, 2025

The following intake(s) were inspected:

- Intake: #00142744 - Follow-up of compliance order related to infection prevention and control
- Intake: #00139010 - Related to an enteric outbreak
- Intake: #00140959 and Intake: #00142626 - Related to the fall of a resident which resulted in a significant change in health status
- Intake: #00143377 - 2879-000020-25 - Related to alleged staff to resident neglect
- Intake: #00143461 - 2879-000021-25 - Complaint related to alleged staff to resident neglect and fall prevention
- Intake: #00144672, Intake: #00144749, Intake: #00136644 and Intake: #00143769 - Related to alleged resident to resident sexual abuse
- Intake: #00139251 - Complaint related to resident care and medication administration

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- Intake: #00140853 - Complaint related to resident care and services
- Intake: #00142477 - Complaint related to air temperature monitoring and medication administration
- Intake: #00144254 - Complaint related to alleged resident abuse and neglect

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1364-0002 related to O. Reg. 246/22, s. 102 (2) (b)

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

Resident Care and Support Services  
Medication Management  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Reporting and Complaints  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (1) (a)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

The licensee has failed to ensure that two residents' written plan of care set out the planned care for the residents.

1. Inspector observed that a resident had a fall mat on the floor while in bed. Review of the resident's written plan of care and an interview with the Associate Director of Care confirmed that interventions for the resident were not included in the written plan of care.

Sources: Inspector observation, resident's health care records and an interview with the Associate Director of Care

2. A resident had a fall on a specific date. Post fall documentation indicated that the resident had a bed and chair alarm in place. Review of the resident's health care records, including the written plan of care, and an interview with the Associate Director of Care confirmed that these fall interventions were not included in the plan of care prior to or after the resident's fall.

Sources: Post fall documentation, resident's health care records and interview with the Associate Director of Care.

**WRITTEN NOTIFICATION: Plan of care**

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

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**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,  
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written plan of care for a resident set out clear directions to staff and others who provide direct care to the resident.

On a specific date, the licensee was informed that the resident had specific alcohol preferences. The Director of Care indicated that these preferences would be included in the plan of care. A review of the resident's plan of care revealed that these preferences were not included. This omission was confirmed by the Director of Resident Programs and the Associate Director of Care.

Sources: Resident's health care records and interviews with the Director of Resident Programs and the Associate Director of Care.

**WRITTEN NOTIFICATION: Duty to protect**

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

**Non-compliance with: FLTCA, 2021, s. 24 (1)**

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from neglect by two Personal Support Workers (PSW).

As per Ontario Regulation 246/22 s. 7 neglect is defined as "the failure to provide a

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resident with the treatment, care, services or assistance required for health, safety or well-being, and it includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents".

The resident's Substitute Decision Maker (SDM) reported to the Associate Director of Care (ADOC) an allegation of neglect related to a fall the resident had from bed. The SDM alleged that based upon their review of video surveillance footage, the resident was left unattended on the floor for an specific period of time after the fall.

The resident was identified as being at a high risk for falls and interventions in the resident's plan of care included regularly scheduled safety checks.

The licensee's internal investigation determined that after the resident fell they did not receive assistance for a specific period of time. Additionally, the licensee determined two PSWs had falsely recorded completing the safety checks of the resident.

The Executive Director acknowledged that they were able to determine during the internal investigation that the two PSWs did not follow the residents plan of care resulting in the resident being left unattended.

Sources: Resident's health records, licensee's internal investigation notes, and interview with the Executive Director.

**WRITTEN NOTIFICATION: Complaints procedure — licensee**

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

**Non-compliance with: FLTCA, 2021, s. 26 (1) (c)**

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

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(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that a written complaint regarding care concerns for a resident was immediately forwarded to the Director. There was no record to support the written complaint had been forwarded to the Director and the Associate Director of Care (ADOC) acknowledged it was not submitted.

Sources: Written complaint, review of Critical Incident Report system; and interviews with the Associate Director of Care and the Director of Care.

**WRITTEN NOTIFICATION: Licensee must investigate, respond and act**

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

**Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (ii)**

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(ii) neglect of a resident by the licensee or staff, or

The licensee has failed to ensure that an alleged incident of neglect of a resident was immediately investigated. On a specific date, a complaint letter was sent by email to the licensee regarding allegations of staff to resident neglect. There was no investigation into the incident by the licensee.

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Sources: Complaint and response letters and interviews with the Associate Director of Care and the Director of Care.

## **WRITTEN NOTIFICATION: Reporting certain matters to Director**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 28 (1) 1.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a written complaint of improper care to a resident made by the resident's family member was immediately reported to the Director.

Sources: Complaint and response letters and interview with the Associate Director of Care and the Director of Care.

## **WRITTEN NOTIFICATION: Air temperature**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 24 (1)**

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home is maintained at a minimum

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temperature of 22 degrees Celsius.

On a specific date and time the inspector observed the air temperature in a resident's room to be below the minimum requirement.

Sources: Inspector observation and an interview with the Environmental Services Partner.

## **WRITTEN NOTIFICATION: Air Temperature**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 24 (3)**

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure air temperature required to be measured was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night from for a combined total of 20 days over a one month period. Additionally, for eight specific days, the licensee failed to document the air temperatures once every evening or night.

Sources: Air Temperature Logs, interviews with the Environmental Services Partner and the Executive Director.

## **WRITTEN NOTIFICATION: Required programs**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**



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Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to ensure that the home's falls prevention and management program was complied with for a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to have a falls prevention and management program to reduce the incidence of falls and the risk of injury, and it must be complied with.

Specifically, staff did not comply with the Falls Prevention and Management policy which directs staff to initiate a head injury routine (HIR) for all unwitnessed falls. On a specific date and time, a resident had an unwitnessed fall and no documentation was found in the resident's chart to support a head injury routine was completed.

Sources: The licensee's Falls Prevention and Management policy, resident's health care records and an interview with the Associate Director of Care.

## **WRITTEN NOTIFICATION: Weight changes**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 75 1.**

Weight changes

s. 75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.

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The licensee has failed to ensure that a resident was assessed using an interdisciplinary approach when there was a change above five per cent of their body weight over a one month period.

During a specific time period a resident experienced a higher than five per cent weight gain. The Registered Dietitian and a Registered Practical Nurse confirmed an assessment was not completed.

Sources: Resident's health care records and interview with the Registered Dietitian and a Registered Practical Nurse

## **WRITTEN NOTIFICATION: Dealing with complaints**

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.**

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee has failed to ensure that a written complaint regarding care concerns for a resident was investigated and that a response that complies with paragraph 3 was provided.

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When interviewed the Associate Director of Care (ADOC) acknowledged that the home did not investigate the care concerns related to the resident. A review of the email response sent by the ADOC did not contain the requirements (i) and (iii) of paragraph 3.

Sources: Written complaint, email response and Interview with the Associate Director of Care.

## **WRITTEN NOTIFICATION: Medication management system**

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)**

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure that the written policies and protocols developed for the interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents were implemented.

Specifically, the Controlled Substances & Narcotic Counts policy were not followed by a Registered Practical Nurse (RPN) and by a Registered Nurse (RN) on two specific dates and times. The policy directs the staff to ensure accuracy of the count by having one Nurse/team member verbally state the resident's name, the name and strength of the drug, and the number of each controlled substances/narcotics counted to the second Nurse/team member, who will record the number of the drug/narcotic on the shift count sheet under the appropriate drug heading. On the specific dates and times the Inspector observed both the RPN and RN had

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prefilled the narcotic shift count sheet prior to conducting the count with the second registered staff member.

Sources: Inspector's observations, the licensee's Controlled Substances & Narcotic Counts policy, interviews with Registered Practical Nurse, Registered Nurse and the Director of Care.

## **COMPLIANCE ORDER CO #001 Air temperature**

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 24 (2)**

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- A) Develop and implement a procedure to monitor and document air temperatures in the home as per legislative requirements.
- B) Re-educate all registered staff responsible for monitoring and documenting the air temperatures in the home on the procedure of monitoring and documenting the air temperatures.
- C) Conduct weekly audits of documented air temperatures for four consecutive weeks to ensure compliance.
- D) Take immediate corrective action if deviations from the procedure are identified.

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E) Maintain a written record of everything required under this compliance order from A-D, until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

**Grounds**

The licensee has failed to ensure that air temperatures were monitored and documented in the required areas during a specific period of time for a combined total of 20 days.

When interviewed the Executive Director confirmed the air temperatures were not monitored and documented on the 20 days.

Sources: Air temperature logs, interviews with the Environmental Services Partner and the Executive Director.

**This order must be complied with by** July 11, 2025

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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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:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).