Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: August 28, 2025

Inspection Number: 2025-1364-0005

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): August 5 - 8, 11, 13 - 15, 18 - 22, and 25- 27, 2025

The following intakes were completed in this inspection:
-Intake: #00147342 was Follow-up #1 to Compliance Order (CO) #001 issued in inspection 2025-1364-0003, related to O. Reg. 246/22 - s. 24 (2) with a Compliance Due Date (CDD) of July 11, 2025.
-Intake #00148888 was related to alleged improper/incompetent care of a resident related to frequent falling.
-Intake #00149459, #00150470, #00153449, #00151617, #00151849 and #00153739 were related to alleged resident to resident abuse.
-Intake #00150176, #00152078 and #00151790 were related to falls resulting in a significant change in the resident's condition.
-Intake #00153329 was related to the fall of a resident unexpected death of a resident.

-Intake #00154050 was related to a complaint with concerns regarding laundry services.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1364-0003 related to O. Reg. 246/22, s. 24 (2)

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Safe and Secure Home
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 there is a written plan of care for a resident that set out clear directions to staff and others who provide direct care to the resident. Specifically, falls prevention strategies and transfer status were not communicated with staff after the resident experienced a fall.

Sources: Resident health record, unit communication book and an interview with the Associated Director of Care.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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.

1) The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan. Specifically, the resident did not have floor mats on both sides of their bed as specified in the plan of care and confirmed by a Registered Nurse.

Sources: Observation by the inspector, review of resident's health records and interview with Registered Nurse.

2) The licensee has failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in their plan. Specifically, the resident's

plan of care indicated for the resident to be monitored using Behavioral Supports Ontario - Dementia Observation System (BSO-DOS) and this was not completed for the resident on an identified date during a specific time period.

Sources: Resident's BSO - DOS mapping data collection sheet, interview with BSO Personal Support Worker and a Registered Practical Nurse.

3) The licensee has failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in their plan. Specifically, the resident's plan of care indicated for the resident to be monitored using Behavioral Support Ontario - Dementia Observation System (BSO-DOS) and this was not completed for the resident on an identified date during a specific time period.

Sources: Resident's BSO - DOS mapping data collection sheet and interview with BSO Personal Support Worker.

WRITTEN NOTIFICATION: Doors in a home

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were kept locked when they were not being supervised by staff. Specifically, a

resident was found on the floor in a tub room and the door to this tub room was not locked due to a malfunctioning lock.

Sources: Critical Incident Report, progress notes and interview with an Associate Director of Care.

WRITTEN NOTIFICATION: Required programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
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 comply with written policies related to falls prevention.

A resident experienced a fall in July 2025. A review of the resident's health record revealed in February 2024, the resident was assessed to be a high falls risk and falls prevention strategies were added to the plan of care. Since February 2024 the resident fell multiple times but no additional falls prevention interventions were added to the plan of care.
When interviewed the Associate Director of Care (ADOC) was not able to provide documentation to support the resident's falls intervention strategies were evaluated on a quarterly basis by the interdisciplinary team.

In accordance with O. Reg 246/22 s.11 (1) (b) the licensee is required to have policies as part of the Falls Prevention Program and that they are complied with. The

licensee's policy directs the interdisciplinary team to document all interventions added to the plan of care and the evaluation on a quarterly basis.

Sources: Resident's health record, interview with an ADOC.

WRITTEN NOTIFICATION: Infection prevention and control program

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

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022 and last revised September 2023, was implemented. The IPAC Standard for Long-Term Care Homes under section 9.1 indicates that at minimum routine practices shall include hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).

During an observation, a Registered Practical Nurse (RPN) was observed to have not completed hand hygiene prior to entering a resident's room.

Sources: Observation of the RPN and interview with the RPN.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 103 (a)
Policy to promote zero tolerance
s. 103. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents,
(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

The licensee has failed to comply with written policies related to prevention of abuse and neglect.

In accordance with O. Reg 246/22 s.11 (1) (b) the licensee is required to have policies as part of the Prevention of Abuse and Neglect Program and that they are complied with. Specifically, the home's Prevention of Abuse and Neglect of a resident policy VII-G-10.00 last revised in November 2024, states "If any team member or volunteer witnesses or suspects an incident of abuse of a resident by anyone, or neglect of the resident by the community or one of its team members, or has any knowledge of such an incident, that team member or volunteer is responsible to immediately take these steps: Immediately inform the Nurse in charge in the community."
A Personal Support Worker did not immediately report to the registered staff when they observed an incident of alleged resident to resident abuse.

Sources: Resident health records and interview with a Personal Support Worker.

COMPLIANCE ORDER CO #001 Duty to protect

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Develop and implement interventions to protect residents from abuse by a resident.
B) Develop a process to determine when to initiate and discontinue one to one staffing for the resident when exhibiting responsive behaviours towards co-residents.
C) Using a multidisciplinary approach, initiate weekly reviews of the resident's interventions to manage responsive behaviours towards co-residents for effectiveness.
D) Maintain a written record of everything required under this compliance order from A-C, 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 multiple residents were protected from abuse by a resident as there were several incidents of resident-to- resident abuse.

A review of the resident's plan of care revealed one to one staffing had been intermittently used as an intervention towards preventing the resident from eliciting inappropriate responsive behaviours towards co-residents but one to one staffing

had been discontinued prior to each incident.
When interviewed the Behavioral Support Ontario (BSO) Lead described an inconsistent method for determining when one to one staffing would be discontinued for the resident. Nursing documentation is reviewed for an unspecified amount of time, behaviour mapping is not consistently used to assist in the determination and including input from other disciplines is not standard practice.

The resident's plan of care included additional strategies to manage the resident's responsive behaviours towards other residents, but the BSO Lead stated the interventions have not been reviewed for effectiveness by the multidisciplinary team.

Failure to develop effective strategies to manage the resident's responsive behaviours put co - residents at a higher risk of incidents of abuse.

Sources: Resident's health records and interview with BSO Lead.

This order must be complied with by September 26, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order 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 Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $5500.00, 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 a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

Compliance History existing 1 CO issued in the 36 months under FLTCA s. 24 (1)

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.

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

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, 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
Toronto, ON, M7A 1N3
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.