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: October 27, 2025

Inspection Number: 2025-1364-0006

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): September 29, 2025 and October 1, 2, 3, 6, 7, 8, 9, 10, 14, 16, 17, 20, 21 and 22, 2025
The inspection occurred offsite on the following date(s): October 23, 2025
The following intake(s) were inspected:

- Intake: #00149094 - Alleged resident to resident sexual abuse
- Intake: #00151119 - Follow-up #: 1 - FLTCA, 2021 - s. 19 (2) (a)-Cleanliness of home
- Intake: #00151980 - Failure of call bell system
- Intake: #00152129 - Complainant with concerns related to a resident
- Intake: #00154399 - Alleged sexual abuse of a resident by a resident
- Intake: #00154435 - Failure of call bell system
- Intake: #00154478 - Fall of a resident resulting in an injury
- Intake: #00154509 - Alleged sexual abuse between residents
- Intake: #00154755 - Alleged sexual abuse between residents
- Intake: #00154811 - Complainant with concerns regarding residents rights to medical cannabis for a resident
- Intake: #00155548 - Complaint with concerns of a residents toileting schedule being followed
- Intake: #00156380 - Complainant with concerns regarding toileting schedule for resident

- Intake: #00156494 - Follow-up #: 1 - FLTCA, 2021 - s. 24 (1)-Duty to protect
- Intake: #00156559 - Alleged physical abuse of a resident from a resident
- Intake: #00157643 - Complainant with concerns related to access to chairs for recreational activities
- Intake: #00160056 - Injury to a resident of unknown etiology
- Intake: #00160103 - Complainant with concerns regarding an injury to a resident of unknown etiology
- Intake: #00160099 - Complainant with concerns regarding an injury to a resident of unknown etiology

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1364-0004 related to FLTCA, 2021, s. 19 (2) (a)
Order #001 from Inspection #2025-1364-0005 related to FLTCA, 2021, s. 24 (1)

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

Continence Care
Skin and Wound Prevention and Management
Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Medication Management
Safe and Secure Home
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Recreational and Social Activities
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Home to be safe, secure environment

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 that the home is a safe and secure environment for its residents.

Specifically, between specified dates in October 2025, observations were made by an Inspector of resident's home areas that were found to be unsafe. These areas included medical supplies such as needles stored in an unlocked room of a common area, a broken thermostat uncovered and exposed in a shared resident's room and a shower room open and unlocked with a wet floor and no caution signage.

Sources: Observations by Inspector made between October 1-6, 2025 and interviews with Environmental Manager and Executive Director.

WRITTEN NOTIFICATION: Clear Directions to staff.

NC #002 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 provide clear directions to staff who provide care to a resident. Specifically, on a specified date in October 2025, when staff followed the toileting schedule for a resident posted in the nursing station. As a result a resident, was not provided toileting assistance between the hours of 1300hrs and 1400hrs, as identified in the electronic health record

Sources: Resident's electronic health, toileting schedule posted in nursing station, observations, and interview with a PSW.

WRITTEN NOTIFICATION: Plan of Care

NC #003 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.

The licensee has failed to ensure that the plan of care was complied with. Specifically, a personal support worker (PSW) was covering as 1:1 for a resident, and walked away to assist another resident resulting in a resident kissing another resident on a specified date in August 2025, in the dining room of a unit. The written plan of care states that 1:1 staff are to stay with the resident.

Sources: a resident written plan of care, homes investigation notes, interview with a PSW and RPN/BSO lead.

WRITTEN NOTIFICATION: Prevention of abuse

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (1) (a)
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:
(i) abuse of a resident by anyone,
(ii) neglect of a resident by the licensee or staff, or
(iii) anything else provided for in the regulations;

The licensee has failed to immediately investigate and act upon an alleged incident of abuse on a specified date in October 2025, on a resident when staff and the SDM suspected possible harm that resulted in a significant injury.

Sources: CI submitted by the home, interview with an RPN, ADOC, interim DOC and other staff.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)
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:
(i) abuse of a resident by anyone,

The licensee has failed to ensure that when the SDM of a resident was upset about an incident surrounding an injury to a resident, that resulted in a significant injury, that the home responded and investigated the complaint as per legislation.

Sources: Resident's clinical record, Interview with an RPN, RN's, ADOC and Interim DOC.

WRITTEN NOTIFICATION: Reporting certain matters to the director

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
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:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee failed to report an incident of alleged abuse on a specified date in October 2025, when concerns were brought forward by staff and the substitute decision maker (SDM) that a resident had an injury that must have been caused by someone as the resident is immobile and totally dependent on staff for any type of positioning and movement. The resident did have a significant injury as a result. The alleged abuse was not reported to the Director.

Sources: Resident's clinical record, Critical incident, homes abuse policy titled "Prevention of Abuse and Neglect of a Resident" policy VII-G-10.00 last updated on November 2024, interview with a PSW, RPN, RN,ADOC 's and the interim DOC.

WRITTEN NOTIFICATION: Doors in a home

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,

The licensee has failed to ensure that the exit door leading to a stairway and the outside of the home in a resident's home area was closed and locked.

Specifically, on a specified date in October 2025, an Inspector observed that the stairwell door was open and unlocked with multiple residents wandering on unit.

Sources: Observation on a unit made by Inspector and interview with the Executive Director.

WRITTEN NOTIFICATION: Communication and response system

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 20 (b)
Communication and response system
s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(b) is on at all times;

The licensee has failed to ensure that the home's resident-staff communication and response system was functional on July 6 and Aug 1, 2025. On July 6, 2025, the system was down for twelve hours and on August 1, 2025, the system was down for twenty four hours.

Sources: Inspector's observations, Critical incidents and interviews with an RN and ADOC.

WRITTEN NOTIFICATION: Air temperature

NC #009 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 temperature of 22 degrees Celsius.

Specifically, on October 14, 2025, at 0944hrs, when air temperatures were recorded between 18.1 to 21.9 degrees Celsius, on Orchard unit, Lake House unit, and Meadow unit, hallways, dining rooms, and activity rooms. As well as a resident's room, the air temperature was recorded at 18.4 degrees Celsius, at 1137hrs. On October 16, 2025, the air temperature log recorded Lake unit television room at 20.2 degrees Celsius, Lake unit dining room 20.1 degrees Celsius, and Orchard unit television room 20.8 degrees Celsius.

Sources: Observations made on Orchard, Lake House, and Meadow units using thermometer to measure air temperature, air temperature log records, preventative

maintenance/service records, and interviews with personal support worker (PSW), resident's, maintenance assistant, environmental director, and the environmental operations partner.

WRITTEN NOTIFICATION: Skin and Wound assessments

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure a skin and wound assessment was conducted on a resident on a specified date in October 2025, when a PSW reported significant bruising on residents body, that resulted in a significant injury.

Sources: Resident's clinical record, interviews with a PSW, RPN, and ADOC's.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)
Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The licensee has failed to ensure that a resident, who is unable to toilet independently all of the time, receives assistance from staff to manage and maintain continence.

On a specified date in October 2025, a resident was observed at a specified time with wet pants. Interview with a personal support worker (PSW), confirmed that toileting assistance was not provided to the resident between 1100hrs-1200hrs, as set out in the plan of care. As well, on another day in October 2025, observations made for the resident, from 1308hrs when they left the dining room until 1408hrs, which during this time no staff provided toileting assistance. An interview conducted with a PSW, confirmed that toileting assistance had not been provided to the resident, at 1300hrs-1400hrs as identified in the plan of care, located in the resident's electronic health record.

Sources: review of a resident's electronic health records, observations, and interviews with PSW's.

WRITTEN NOTIFICATION: Altercations and other interactions between residents

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 59 (b)
Altercations and other interactions between residents
s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and

among residents, including,
(b) identifying and implementing interventions.

The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including identifying and implementing interventions.

A resident was assessed to exhibit physically aggressive behaviours, triggered by a noisy environment and co-residents entering their room. The resident's care plan included country music, and placing a yellow wander guard strip on the bedroom door.
Progress notes and risk management documentation indicated that the resident displayed physical aggression toward four residents in the dining room area, resulting in falls and injury to two of the residents.
A resident was observed in their room on multiple occasion without the yellow wander guard strip on the door. An RPN reported an increase in the resident's behaviours since staff were instructed to stop playing music in the hallway where the resident typically sits. BSO staff acknowledged they had directed staff to move all activities and music into the activities room.

Sources: Inspector's observation. Review of resident progress notes, risk management, plan of care. Interviews with RPN and BSO staff.

WRITTEN NOTIFICATION: Maintenance Services

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)
Maintenance services
s. 96 (1) As part of the organized program of maintenance services under clause 19

(1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The licensee has failed to ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance of the resident-staff communication and response system. According to O. Regulation 246/22 s. 11 (1) b., the home's organized program of maintenance services must ensure there are schedules and procedures in place for routine, preventive and remedial maintenance and must be complied with.

According to the home's policy Nurse call system, V-C-30.30, the home's nurse call system must be tested and confirmed monthly and all devices, locations, and tests conducted must be documented and recorded.

Sources: Policy Nurse call system, V-C-30.30, and interview with VP Regional Operations.

WRITTEN NOTIFICATION: Point of Care Signage-IPAC

NC #014 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 the implementation of any standard or protocol issued by the Director with respect to infection prevention and control. The Director

issued the "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes" in April 2022, revised September 2023.

In accordance with the Infection prevention and Control (IPAC) Standard 9.1 (e), the licensee was required to ensure that point of care signage is in place, indicating that enhanced IPAC precautions are in place. Specifically, on October 6 and 7th, 2025, a couple of resident rooms had no contact precautions sign to identify that one of the residents had additional precautions, yet there was a three drawer bin filled with personal protective equipment (PPE) between the rooms A couple of other rooms also had no contact precautions sign on the door yet there was a three drawer PPE bin outside of the room.

Sources: Homes list of residents on contact precautions, inspector observations, interview with the interim DOC.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

The licensee has failed to ensure that medication bottles were stored in a locked room.

Specifically, a room had medication stored in a room accessible to anyone who came off the elevator in the identified resident home areas.

Sources: Observations made by Inspector and interview with Executive Director.

WRITTEN NOTIFICATION: Administration of drugs

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. On a specified date in July 2025, a medicated cream was not administered to a resident according to the directions specified by the prescriber.

Sources: Critical Incident, resident health records, and interview with the ADOC.

WRITTEN NOTIFICATION: Orientation Training

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (1)
Additional training — direct care staff
s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.

4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs.

The licensee has failed to ensure that direct care staff receive orientation training on falls prevention and management, skin and wound, continence care and bowel management, restraints, LTC homes mission statement, dealing with complaints, and safe use of equipment. Specifically, an RPN, RN, and several ADOC's had no records of having received any orientation training on the above topics.

Sources: Homes training records, interview with an RPN, RN, ADOC, interim DOC and other staff.

WRITTEN NOTIFICATION: Emergency plans

NC #018 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. ix.
Emergency plans
s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:
1. Dealing with emergencies, including, without being limited to,
ix. loss of one or more essential services,

The licensee has failed to ensure that there was a written emergency plan for the loss of one or more essential services.

Specifically, when the home experienced an outage of the nurse call system on July 6 and Aug 1, 2025, there was no written emergency plan available for staff to follow.

Sources: Granite Ridge Community Emergency Plan- Updated Feb 13, 2025, Policy: Code Grey-Infrastructure Loss/ Failure, XVIII-K-10.00. Last updated: Oct, 2025 and interview with VP, Regional Operations and other staff.

WRITTEN NOTIFICATION: Construction, renovation, etc., of homes

NC #019 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 356 (3) 1.
Construction, renovation, etc., of homes
s. 356 (3) A licensee may not commence any of the following work without first receiving the approval of the Director:
1. Alterations, additions or renovations to the home.

The licensee has failed to ensure that approval was received from the Director before commencing renovations.

On a specified date in October 2025, two Inspectors observed renovations being completed in two resident area dining rooms. The Environmental Manager confirmed that this work was not submitted for approval by the Director.

Sources: Observations made by Inspectors and interview with Environmental Manager.

COMPLIANCE ORDER CO #001 Accommodation services

NC #020 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 19 (2) (a)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (a) [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to:The Licensee shall prepare, submit, and implement a plan to ensure that the home, furnishings and equipment are kept clean and sanitary.

The plan shall include but is not limited to:

- Review the current cleaning procedure and schedule to ensure that it includes all resident and common area cleaning items.
- Complete a checklist of the cleaning to be done which includes where, how, who would be responsible for completing the work, when the work will be started, when it will be completed and how it will be maintained.
- Ensure that the checklist includes, but is not limited to, all resident and common area toilets and sinks, walls, doors and curtains. All PPE carts, hand sanitizer dispensers and tubs in resident home areas and light fixtures in all resident dining rooms.
- A process to monitor and track the progress of the cleaning, including a designated contact person and a system to record any deviation to the proposed timeline.

- Ensure that the leadership team participates in creating the plan, including the Administrator, Director of Care (DOC), Environmental Manager, and Housekeeping Lead.
- Anything else that is required to ensure that the home is kept clean and sanitary

Please submit the written plan for achieving compliance for inspection #2025-1364-0006 to the LTC Homes Inspector, MLTC, by email to

OttawaDISTRICT.MLTC@ontario.ca

by November 14, 2025.

Please ensure that the submitted written plan does not contain any Personal Information (PI)/Personal Health Information (PHI).

Grounds

The licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

On specified dates in October 2025, inspectors noted resident rooms and common areas were unclean and unwashed including multiple toilets and sinks, walls and doors, resident and common area curtains in multiple home areas with debris and stains, a PPE cart and hand sanitizer dispenser with dried up debris, and a tub with unrinsed solution and visible dirt. Light fixtures in dining rooms of multiple home areas had a visible build up of dust.

Assistant Executive Director confirmed that some of these areas were not indicated in the procedure and at the time of the inspection, the home was in the process of developing a plan to include monthly tasks for both environmental and housekeeping cleaning tasks that are not currently included.

Sources: Observations of all home areas on multiple days of the inspection made by Inspectors and interviews with Interim Executive Director, Assistant Executive Director and VP, Regional Operations.

This order must be complied with by

November 14, 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 $2200.00, 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:

FLTCA s. 19 (2) (a)

This is the second 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.

COMPLIANCE ORDER CO #002 Communication and response system

NC #021 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 20 (a) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:
The Licensee shall prepare, submit, and implement a plan to ensure that the resident-staff communication and response system can be easily seen, accessed and used by residents, staff and visitors at all times.

The plan shall include but is not limited to:

1. How the home will ensure that the communication and response system can be easily seen, accessed and used by all residents, staff and visitors at all times.
2. How the home will ensure that the communication and response system is monitored and answered by staff in a timely manner.
3. How the home will ensure that the communication and response system is on at all times;
4. How the home will ensure the effectiveness and adherence to their compliance plan for the communication and response system.

Please submit the written plan for achieving compliance for inspection #2025-1364-0006 to the LTC Homes Inspector, MLTC, by email to OttawaDISTRICT.MLTC@ontario.ca by November, 14, 2025.

Please ensure that the submitted written plan does not contain any Personal Information (PI)/Personal Health Information (PHI).

Grounds

The licensee has failed to ensure that the communication and response system can be easily seen, accessed and used by residents, staff and visitors at all times.

1) On a specified date in October 2025, two residents demonstrated to an Inspector that the home's communication and response system was not easily accessed by the resident at all times, when the cord used to access the system was found on the floor and not within their reach.

2) During observations on a specified dated in October 2025, inspector observed that the call bell phone at the nursing station on two resident units were unplugged. Inspector observed there was no call bell phone at the nursing station on another resident unit. Through observations and interviews with staff, it was noted that some units have mobile phones for PSW staff, but they don't receive alerts when call bells are activated, while other units don't have mobile phones at all, and staff must rely on hallway signal lights.

3) During an interview with a PSW it was stated that in the case of an emergency, since PSW staff don't have mobile phones and can't easily assess call bells to call for assistance in the hallway, they must rely on vocalizing down hallway to alert other staff.

4) During an interview with another resident they verbalized that when their call bell is activated, it often takes staff a period over fifteen minutes to respond. For this reason, resident keeps a horn and whistle at bedside as an alternative method to call for assistance.

5) On a specified date in October 2025, two Inspector's activated the call bell in a resident room to determine length of time required for staff to respond. During an observation period of fifteen minutes, Inspectors noted multiple PSW staff nearby the room, and they did not acknowledge call bell. After fifteen minutes, two PSW staff entered to provide care for the other resident in room and could not easily determine which call bell in the room was activated.

Sources:
Observation of multiple home areas by Inspectors, an interview with several residents and a PSW.

This order must be complied with by
November 14, 2025

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

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:

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.