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: February 9, 2026

Inspection Number: 2026-1364-0002

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): January 19- 23, 26-27, 29-30, 2026 and February 2-4, 2026.

The following intakes were completed in this Follow-Up inspection:

- Intake: #00161201 - Follow-up #: 1 to CO #001 issued in 2025-1364-0006, FLTCA, s. 19 (2) (a), specific duties re cleanliness and repair, with a compliance due date extended to December 18, 2025
- Intake: #00161202 – Follow-up #: 1 to CO #002 issued in 2025-1364-0006, O. Reg 246/22, s. 20 (a), communication and response system, with a compliance due date extended to December 18, 2025
- Intake: #00165516 - Follow-up #1 - CO #001 issued in 2025-1364-0007, O. Reg. 246/22 - s. 24 (1), air temperature, with a compliance plan due date of December 29, 2025 and a compliance due date of January 16, 2026

The following intakes were completed in this Critical Incident (CI) inspection:

Intake: #00164094 related to fall of a resident resulting in an injury
- Intake: #00166212 related to alleged neglect of a resident
- Intake: #00166213 related to resident to resident physical abuse
- Intake: #00167371 related to alleged physical abuse of a resident
- Intake: #00168606 related to outbreak and infection prevention and control (IPAC)

The following intakes were completed in this Complaint inspection:

- Intake: #00165302 - Complaint related to continence care of a resident
- Intake: #00165302 and #00165599 - Complaint related to alleged neglect of a resident

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1364-0006 related to FLTCA, 2021, s. 19 (2) (a)
Order #002 from Inspection #2025-1364-0006 related to O. Reg. 246/22, s. 20 (a)
Order #001 from Inspection #2025-1364-0007 related to O. Reg. 246/22, s. 24 (1)

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

Continence Care
Resident Care and Support Services
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect

Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Documentation

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The provisions of care set out in the plan of care are required to be documented. During a record review of a resident's plan of care, there was missing documentation related to daily and evening care needs on several days in November and December, 2025.

Sources: Resident's record review

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 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).

In accordance with Additional Requirement 9.1 (d), under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), staff did not adhere to the proper use of Personal Protective Equipment (PPE). In January 2026, a Personal Support Worker (PSW) was observed not wearing the required face mask. Additionally, in February 2026, a PSW on the same unit was observed wearing a face mask that did not cover their nose.

Sources: Inspector's observation of PSW staff and interviews with a PSW and IPAC Lead

COMPLIANCE ORDER CO #001 Duty of licensee to comply with plan

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

A) Review the care plan of five random residents that reside on Orchard House with an interdisciplinary approach, including but not limited to the RAI coordinator, a registered nurse, BSO Lead, the DOC/ADOC and other staff members who are aware of the residents' needs.

B) Ensure that all current interventions are reviewed and updated as needed based on the residents' current needs.
C) Ensure that all staff on Orchard House, review the updated written plan of care of the five residents.
D) Develop and implement a daily auditing system to observe and ensure staff compliance with the written plan of care of the five residents. Ensure that all three shifts are audited at a minimum weekly. This audit shall be completed until consistent compliance and for a minimum period of four weeks.
E) Take immediate corrective action if deviations from the plan of care are identified.
F) Maintain a written record of everything required under this compliance order from A-E, until the Ministry of Long-term Care has deemed that the licensee has complied with this order.

Grounds

1. The plan of care indicates two specific fall prevention interventions. During an interview with the interim Director of Care, they confirmed that the two fall prevention interventions were not in place on a day in December 2025. By not having the two specific fall prevention interventions in place increases the risk of injury to the resident in the event the resident were to fall.
Sources: Interview with DOC designate and a resident's record review

2. On two specific dates in January 2026, there was no safety device, as per the resident's plan of care. By not having the safety device, there was a risk for the resident's safety due to wandering residents with responsive behaviours.
Sources: A resident's health records, home's investigation notes, interview with a PSW, RN and BSO Lead

3. In December 2025, two residents were not re-directed when they were

wandering in other residents' rooms, as per their plan of care, which could have led to altercations with other residents.
Sources: Resident's health records, a critical incident record, interview with a PSW, RN and DOC

This order must be complied with by March 31, 2026

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.