Ontario

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

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: January 15, 2026
Inspection Number: 2025-1307-0005
Inspection Type: Critical Incident Follow up
Licensee: The Royale Development LP by its general partner, The Royale Development GP Corporation
Long Term Care Home and City: Woods Park Community & Retirement Living, Barrie

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 30, 2025 and January 2, 5, 7, 8, 12 - 15, 2026.
The inspection occurred offsite on the following date(s): December 31, 2025 and January 6, 2026.

The following intake(s) were inspected:

- Intake: #00152697, Follow-up #: 1 - CO #001/2025-1307-0003 FLTCA, 2021 - s. 19 (2) (c) Accommodation Services
- Intake: #00160189: related to allegations of improper care to a resident.
- Intake: #00160740, and Intake: #00161518: related to an allegation of resident abuse.
- Intake: #00161750: related to resident to resident responsive behaviours.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1307-0003 related to FLTCA, 2021, s. 19 (2) (c)

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

Resident Care and Support Services
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

When two incidents of resident to resident abuse occurred, the home did not comply with their prevention of abuse and neglect policy when assessing the residents and completing their internal investigation into the incidents.

Sources: review of a resident's clinical chart, home's investigation notes, Policy titled

"Prevention of Abuse and Neglect of a Resident (VII-G-1-.00), interview with a registered practical nurse (RPN) and the Director of Care (DOC).

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

When staff did not ensure proper positioning of a resident in their wheelchair before assisting them with ambulation, the resident was injured.

Sources: progress notes, homes investigation notes; interviews with PSW's and a RPN.

WRITTEN NOTIFICATION: Pain management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (2)
Pain management
s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident’s pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A resident sustained an injury and was in pain. When non-pharmacological

strategies were ineffective at relieving the residents pain, a clinically appropriate assessment instrument was not completed, and no additional pain management strategies were provided to the resident prior to their transfer to hospital.

Sources: review of a resident's electronic chart, interviews with a PSW, RPN, and assistant director of care (ADOC).

WRITTEN NOTIFICATION: Altercations and other interactions between residents

NC #004 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.

Interventions to manage the responsive behaviours of a resident were not implemented appropriately. This resulted in negative interactions with a co-resident.

Sources: review of progress notes for a resident, home's investigation notes, care plan, and interview with PSW's.

WRITTEN NOTIFICATION: Administration of drugs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)

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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).

A resident was prescribed a medication to assist with managing their responsive behaviours. The medication was not provided to the resident until five days after it was prescribed. During this five day delay, the resident had an altercation with a co-resident.

Sources: review of a resident's clinical record including electronic medication administration records, progress notes, physician's orders, the home's policy titled "Ordering and Receiving Medications Policy" and interviews with an RPN and the DOC.