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

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

Public Report

Report Issue Date: March 23, 2026
Inspection Number: 2026-1307-0001
Inspection Type: Critical Incident
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): March 17-20, 23, 2026

The inspection occurred offsite on the following date(s): March 20, 2026

The following intake(s) were inspected:

- Intake #00166214, CI #2821-000035-25 - related to the prevention of abuse and neglect.
- Intake #00167339, CI #2821-000003-26 - related to the prevention of abuse and neglect.
- Intake #00167381, CI #2821-000004-26 - related to the prevention of abuse and neglect.

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

Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #001 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.

In accordance with FLTCA s.154 (3), the licensee is vicariously liable when a staff member has not complied with subsection 28 (1) of the FLTCA.

A witnessed incident of abuse of a resident was not immediately reported to the Director of the Ministry of Long-Term Care or the management team.

Sources: Critical Incident, home's investigation notes, interviews with staff.

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.

A resident sustained an injury during care when a staff member used improper positioning techniques.

Sources: a residents clinical records, risk management report and interviews with resident and staff.

WRITTEN NOTIFICATION: Behaviours and altercations

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 60 (a)

Behaviours and altercations
s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

Two separate incidents occurred on different days when one resident inappropriately touched another resident. Between the incidents, no new preventative procedures or interventions were implemented to minimize the risk of potentially harmful interactions between the two residents.

Sources: two resident's clinical records; interviews with resident and staff.

COMPLIANCE ORDER CO #001 Duty to protect

NC #004 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 prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 24 (1) [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to:

a) How the home will ensure staff on a specific home area are recognizing and reporting alleged, suspected or witnessed incidents of abuse.
b) How the home will ensure staff on a specific home area are aware of what actions to take after an alleged, suspected, or witnessed incident of verbal or sexual abuse.
c) Who will receive retraining, the type of retraining involved, including who will be responsible for the retraining and when it will be completed.
d) How the home will ensure the safety of a resident if another resident visits a specific home area.

Please submit the written plan for achieving compliance for inspection #2026-1307-0001 to the MLTC by email by April 8, 2026.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

a) According to O. Reg 246/22 s. 2 (1), for the purposes of the Act and this Regulation, sexual abuse means any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

A resident inappropriately touched another resident. This resulted in a negative impact for the resident who was inappropriately touched.

Sources: two resident's clinical records; interviews with resident and staff.

b) According to O. Reg 246/22 s. 2 (1), for the purposes of the Act and this Regulation, verbal abuse means any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

An incident of verbal abuse towards a resident was witnessed by staff. Interventions were not put in place following this incident, and the staff member was involved in a second incident the following day.

Sources: a resident's clinical records, risk management report, employee files, interviews with staff.

This order must be complied with by June 12, 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
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.