

**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

## Original Public Report

<b>Report Issue Date:</b> August 24, 2023	
<b>Inspection Number:</b> 2023-1412-0002	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> The Royale Development GP Corporation as general partner of The Royale Development	
<b>Long Term Care Home and City:</b> Woodhall Park Care Community, Brampton	
<b>Lead Inspector</b> Amanpreet Kaur Malhi (741128)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Brittany Nielsen (705769)	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 8-11 and 14-18, 2023.

The following intake(s) were inspected:

- Intake #00020790, related to improper care of resident
- Intake #00089303, related to a critical event
- Intake #00090673, related to staff to resident abuse
- Intake #00092505, related to falls prevention and management

The following intake(s) were reviewed:

- Intake #00089298, related to fall prevention and management

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

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Resident Care and Support Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Residents' Rights and Choices  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Offence of failure to report

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

The licensee failed to ensure that when they had reasonable grounds to suspect the improper treatment of a resident that it was reported to the Director immediately.

In accordance with FLTCA, 2021, s. 154 (3), where an inspector finds that a staff member has not complied with subsection 28 (1) or 30 (1), the licensee shall be deemed to have not complied with the relevant subsection and the inspector shall do at least one of the actions set out in subsection (1) as the inspector considers appropriate.

#### Rationale and Summary

An allegation of improper care was reported to an RPN by a resident and their family.

The RPN acknowledged that they did not immediately report the concerns related to improper care to their leadership team or to the Director.

When the RPN failed to immediately report the complaint of improper care to the leadership team and the Director, it delayed the investigation process and could have delayed a response from the Director.

**Sources:** A resident's clinical records, Home's internal investigation notes, Complaint Management Program (ON), XXIII-E-10.00, and Interview with RPN #102.

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### WRITTEN NOTIFICATION: Pain management

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**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.

The licensee failed to ensure that a resident's voiced pain and discomfort were communicated by staff.

In accordance with O. Reg. 246/22 s. 11 (1) (b) the licensee is required to ensure the pain management policy at a minimum, provides for communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired and must be complied with.

**Rationale and Summary**

Specifically, staff did not comply with the home's Pain and Symptom Management policy.

The home's policy titled Pain and Symptom Management, VII-G-30.30, required personal support worker/resident care aide to recognize and report on an daily basis any resident verbalizations, and behaviors indicative of discomfort and document electronically in Point Of Care (POC) /flow sheet.

A resident expressed pain during care, however, the personal support workers did not report it or document it electronically in POC/flow sheet.

By not reporting and documenting the resident's verbalizations and behaviors indicative of discomfort, it posed an increased risk to the resident for inadequate or ineffective pain management.

**Sources:** A resident's clinical records, Home's internal investigation notes, Pain and Symptom Management VII-G-30.30 policy, last Revised: 04/2019, a CI, and Interview with PSW #103 and ED #100

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