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

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Public Report

Report Issue Date: September 11, 2025
Inspection Number: 2025-1412-0004
Inspection Type: Critical Incident
Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP
Long Term Care Home and City: Woodhall Park Community, Brampton

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 3-5, and 9-11, 2025

The following Critical Incident (CI) intakes were inspected:

-Intake #00151946, related to falls prevention and management
-Intake #00154275, related to a respiratory outbreak

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 115 (5) 2. iii.
Reports re critical incidents
s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:
2. A description of the individuals involved in the incident, including,
iii. names of staff members who responded or are responding to the incident.

The licensee has failed to ensure that a critical incident (CI) report, included the name of three staff members who responded to the incident.

On September 9, 2025, the CI report was amended with the required staff members' names.

Sources: a critical incident report, and interviews with staff.

Date Remedy Implemented: September 9, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 115 (5) 4. ii.
Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:
4. Analysis and follow-up action, including,
ii. the long-term actions planned to correct the situation and prevent recurrence.

The licensee has failed to ensure a CI report included the long-term actions planned to correct the situation and prevent recurrence.

On September 9, 2025, the CI report was amended with the required information.

Sources: a critical incident report, and an interview with staff.

Date Remedy Implemented: September 9, 2025

WRITTEN NOTIFICATION: Falls prevention and management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that two falls prevention interventions were provided to a resident as specified in their plan of care.

In accordance with O. Reg 246/22 s.11. (1) (b), the licensee is required to implement strategies to reduce or mitigate the risk of falls. Specifically, the home's Falls Prevention and Management policy directed staff to use the falls prevention interventions identified in the resident's plan of care.

On separate occasions, two falls prevention interventions were not provided as specified in the resident's plan of care.

Sources: Long-Term Care Homes (LTCH) Inspector's observations, a critical incident report, a resident's clinical records, the home's Falls Prevention and Management policy and interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)
Infection prevention and control program
s. 102 (11) The licensee shall ensure that there are in place,
(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

The licensee has failed to ensure that the home's outbreak reporting protocol was followed for a respiratory outbreak on one of the Resident Home Areas (RHAs).

In accordance with O. Reg 246/22 s.11. (1) (b), the licensee is required to implement the reporting protocols for infectious disease outbreaks. Specifically, the home's policies related to outbreaks management documented specific directions for staff for reporting suspected outbreaks. On one occasion, staff did not report a suspected respiratory outbreak as required.

Sources: a critical incident report, residents' clinical records, the home's outbreak line listing, the home's outbreak management policies and an interview with staff.