

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:** December 10, 2025

**Inspection Number:** 2025-1412-0005

**Inspection Type:**

Complaint  
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: November 28, 2025, and December 1-5, 9, and 10, 2025

The following intakes were inspected:

- Intakes #00157719 and #00161729 regarding the home's Falls Prevention and Management Program.
- Intake #00161731 regarding an allegation of improper care of a resident.
- Intake #00163004 regarding concerns about a resident's care.

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

Reporting and Complaints  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

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

**Non-compliance with: FLTCA, 2021, s. 6 (4) (a)**

Plan of care

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

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,  
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

An assessment was completed for a resident and approved by the Physiotherapist (PT) and Occupational Therapist (OT) to have an assistive device installed. Nursing Staff who worked on the resident's home area were not aware of the PT and OT's assessment and did not initiate the step to have the assistive device installed.

**Sources:** a resident's clinical records, the home's investigation, and interviews with staff.

### **WRITTEN NOTIFICATION: Plan of care**

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

#### **Non-compliance with: FLTCA, 2021, s. 6 (4) (b)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,  
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The Nursing and physiotherapy department were to coordinate to manage a resident's pain during their physiotherapy sessions. On three occasions, there was no collaboration between the nursing and physiotherapy to ensure the resident received the pain medication prior to their physiotherapy sessions.

**Sources:** a resident's progress notes, an electronic Medication Administration Record (eMAR), a physician's orders, and interviews with staff.

### **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

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

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 physiotherapist recommended a falls prevention intervention due to a resident's risk for falls.

The resident had a fall and sustained an injury when this intervention was not in place.

**Sources:** a resident's progress notes, care plan, the home's Falls Prevention & Management, and interviews with staff.

## **WRITTEN NOTIFICATION: Pain management**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The home's pain and symptom management policy which directed registered nursing staff to monitor and evaluate effectiveness of pain medications in relieving resident's pain using a pain scale in the vitals section of the electronic documentation system was not implemented on three occasions.

**Sources:** a resident's progress notes, eMAR, pain levels in weights and vitals, the home's pain and symptom management policy, and interviews with staff.



**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