

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: June 12, 2025

Inspection Number: 2025-1439-0004

Inspection Type:

Complaint

Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP

Long Term Care Home and City: Silverthorn Community, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 10, 11, 2025

The inspection occurred offsite on the following date(s): June 12, 2025

The following intake(s) were inspected:

- Intake: #00149420 - related to an Unregistered Practitioner previously employed at the home

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

Staffing, Training and Care Standards

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Staff qualifications

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 73 (a)

Staff qualifications

s. 73 (a) have the proper skills and qualifications to perform their duties; and

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with LTCHA, 2007 S.O. 2007, c.8, s. 73 (a) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

(a) A process to ensure that the College of Nurses of Ontario (CNO) resource tool “Find a Nurse” and the Unregistered Practitioner list is reviewed prior to hiring registered nursing staff.

(b) A system to ensure that certifications of education are collected, resumes are cross checked for consistency and interviews conducted to address any irregularities for all those being hired as a registered nursing staff.

(c) A review of the home's requirement for candidates to provide verifiable work-related references

(d) Hiring coordinator and any individual who assists with hiring receives training on the above items.

The plan should include identified staff roles and responsibilities for the implementation and evaluation of the above process. A timeline is to be established for the implementation of each component of steps (a) through (d) by the compliance due date.

Please submit the written plan for achieving compliance for inspection #2025-1439-0004 by June 27, 2025.

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

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Grounds

The licensee has failed to ensure a previously employed nursing staff had the proper qualifications to perform their duties.

The former staff member worked at the home as a Registered Nurse for approximately two months. Their personnel records contained discrepancies and irregularities with the resume, interview, and the CNO registration and there was no evidence that these had been addressed. The resume indicated they graduated as an RN yet worked as a Registered Practical Nurse (RPN) afterwards at another long-term care home. The roles and responsibilities outlined in this position were not typical for an RPN. There were no degrees or diplomas found within the file. The CNO registration presented was that of a registrant with a name that was similar but did not match the names on all other documents.

The current Executive Director (ED) and Director of Care (DOC) were not involved in the hiring of this staff member. The ED and DOC acknowledged the above-mentioned discrepancies and irregularities. The DOC indicated that the home had ceased to require references during the COVID-19 pandemic and had not reinstated this practice.

There was risk to residents and the operation of the home as an unregistered nurse provided direct care to residents, interacted with families, and had access to personal health information without the proper qualifications.

Sources: Employee personnel records, CNO website, and interviews with the ED

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and DOC.

This order must be complied with by August 15, 2025

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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

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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

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Director

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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.