

Public Report

Report Issue Date: September 15, 2025

Inspection Number: 2025-1439-0007

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: Silverthorn Community, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 2-5, 8-12, 2025.

The following intake(s) were inspected:

-Intake: #00154944 - Complaint related to Prevention of Abuse and Neglect, Resident Care, Continence care, Skin and Wound Prevention and Management and Safe and Secure Home.

-Intake: #00154962 - Complaint related to related to resident care and Support Services and Infection prevention and Control.

-Intake: #00155883- CIS #2956-000034-25 - Related to infection prevention and control.

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

- Resident Care and Support Services
- Continence Care
- Skin and Wound Prevention and Management
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect

INSPECTION RESULTS

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

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: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary;
or

The licensee has failed to ensure that the resident's written plan of care was revised when they sustained an altered skin integrity. The plan of care was revised immediately when brought to the management's attention.

Sources: The resident's clinical records and interview with staff.

Date Remedy Implemented: September 4, 2025

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the resident's washroom sink was maintained in a safe condition and in a good state of repair. The Director of Environmental Services (DES) acknowledged that the resident's washroom sink was not in good state of repair and posed a risk to resident safety, leaking, and floods.

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Sources: Observations and interview with the DES.

WRITTEN NOTIFICATION: Air Temperature

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

The licensee has failed to ensure that temperatures in at least two resident bedrooms in different parts of the home were measured and documented. The Director of Environmental Services (DES) acknowledged the temperatures of two resident bedrooms were measured and documented only in the same resident home area (RHA), instead of measuring in different RHAs.

Sources: Blue Rover Air Temperature Records and interview with the DES.