

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** January 15, 2025

**Inspection Number:** 2025-1196-0001

**Inspection Type:**

Critical Incident  
Follow up

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

**Long Term Care Home and City:** Bloomington Cove Community, Stouffville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6 - 10, 13 - 15, 2025.

The following intakes were inspected:

Two intakes were related to outbreaks of infectious diseases.

An intake was related to a fall with injury.

An intake for Follow-up #: 1 – Compliance Order (CO) #002 from inspection 2024-1196-0002, related to O. Reg. 246/22 - s. 24 (2) 2, with a Compliance Due Date (CDD) of November 27, 2024.

An intake for Follow-up #: 2 - CO #003 from inspection 2024-1196-0002, related to O. Reg. 246/22 - s. 26, with a CDD of November 27, 2024.

An intake for Follow-up #: 3 - CO #001 from inspection 2024-1196-0002, related to O. Reg. 246/22 - s. 19, with a CDD of December 13, 2024.

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An intake for Follow-up #: 4 - CO #004 from inspection 2024-1196-0002, O. Reg. 246/22 - s. 93 (2) (a) (i), with a CDD of November 27, 2024.

An intake was related to an allegation of resident-to-resident sexual abuse.

An intake was related to an allegation of resident-to-resident physical abuse.

The following intakes were completed in this inspection:

Two intakes were related to falls with injuries.

**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1196-0002 related to O. Reg. 246/22, s. 19.

Order #002 from Inspection #2024-1196-0002 related to O. Reg. 246/22, s. 24 (2) 2.

Order #003 from Inspection #2024-1196-0002 related to O. Reg. 246/22, s. 26.

Order #004 from Inspection #2024-1196-0002 related to O. Reg. 246/22, s. 93 (2) (a) (i).

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

Housekeeping, Laundry and Maintenance Services

Infection Prevention and Control

Safe and Secure Home

Responsive Behaviours

Prevention of Abuse and Neglect

Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure that the Registered Practical Nurse (RPN) complied with the home's policy to promote zero tolerance of abuse and neglect of residents.

During a shift, a resident was found to be on the floor where the RPN suspected it was caused by another resident. The RPN, however, did not immediately report their suspicion of alleged abuse to others. The Director of Care (DOC) confirmed the RPN should have reported the alleged abuse incident immediately to the Director.

**Sources:** Residents' clinical records, the Critical Incident Report, long-term care home (LTCH) investigation notes, LTCH policy Prevention of Abuse & Neglect of a Resident, and interview with the DOC.

### WRITTEN NOTIFICATION: General requirements

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section

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53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that the Falls prevention and management program was evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The DOC or designate failed to complete an annual evaluation of the Falls prevention and management program for the period of January 1 to December 31, 2023.

**Sources:** 2022 Program Evaluation, long-term care home (LTCH) policy Falls Prevention & Management, interview with the DOC and an Associate Director of Care (ADOC).

## **WRITTEN NOTIFICATION: Responsive behaviours**

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee failed to ensure the strategies developed to respond to the resident's responsive behaviours were implemented by the RPN.

The resident was exhibiting responsive behaviors one night. Non-pharmacological interventions were initially utilized but staff were unsuccessful in managing the resident's behavior. The resident then entered another resident's room and the other

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resident was later found on the floor. The RPN was aware that the resident had a pharmacological intervention that could have been implemented but it was not implemented at that time.

The DOC acknowledged that the RPN did not utilize the pharmacological intervention as ordered to manage the resident's responsive behaviours.

**Sources:** Resident's clinical record, LTCH investigation notes, interview with the DOC.

## WRITTEN NOTIFICATION: Responsive behaviours

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that actions taken, including resident assessment, were documented when the resident exhibited responsive behavior.

During one morning the resident had demonstrated a responsive behavior towards another resident and a behavioral intervention was initiated for days with the purpose of charting the resident's behavioral patterns. However, the intervention was not fully completed as required by the nursing and Behavioral Supports Ontario (BSO) staff.

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**Sources:** The resident's electronic and physical chart, and staff interviews with the BSO Lead and an ADOC.

## WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (b) for Routine Practices under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that hand hygiene, including, but not limited to, at the four moments of hand hygiene was completed by Registered Nurse (RN) during a medication administration.

The RN acknowledged that were expected to completed hand hygiene before and after administering medication and after removing their gloves.

**Sources:** Observations, interviews with the RN and the IPAC Lead.

## WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (8)**

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Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee failed to ensure that all staff participated in the implementation of the IPAC program.

The resident was on additional precautions and was expected to isolate in their room. A physiotherapy staff was observed providing exercises to the resident in the hallway without donning any additional personal protective equipment (PPE). The IPAC Lead confirmed that the staff should have checked if additional precautions were in place, and they should have worn PPE for this task.

**Sources:** Observations, interview with IPAC Lead.