

**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

**Original Public Report**

<b>Report Issue Date:</b> October 16, 2024	
<b>Inspection Number:</b> 2024-1389-0003	
<b>Inspection Type:</b> Complaint Critical Incident Follow up	
<b>Licensee:</b> The Royale Development GP Corporation as general partner of The Royale Development LP	
<b>Long Term Care Home and City:</b> Bradford Valley Community, Bradford	
<b>Lead Inspector</b>	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): October 1, 2, 4, 7, 8, 2024.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• One intake related to a complaint regarding cleanliness and food temperatures,</li> <li>• One intake related to follow-up # 1 - Compliance Order (CO) # 001/2024_1389_0002 O. Reg. 246/22, s. 12 (1) 3 , Doors in a home,</li> <li>• One intake related to a hip fracture of unknown origin,</li> <li>• One intake related to a fall that resulted in injury, and</li> <li>• One intake related to an allegation of abuse.</li> </ul>
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**Previously Issued Compliance Order(s)**

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

Order #001 from Inspection #2024-1389-0002 related to O. Reg. 246/22, s. 12 (1) 3. was inspected.

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

- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- 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: 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.

The licensee has failed to ensure that the resident's plan of care was updated and revised when their care needs changed.

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**Rationale and summary**

A Critical Incident Report (CIR) was submitted to the Director, related to a resident's transfer to hospital which resulted in an injury.

The current plan of care for the resident indicated to apply fall prevention interventions while up in their mobility device.

During inspection, it was observed that these interventions were not in place for the resident.

The Registered Nurse (RN) indicated that these interventions had been in place prior to the resident going to the hospital, and since the resident's return, have not been required. The RN updated the plan of care to reflect the current needs of the resident during the interview.

**Source:** CIR, Resident's clinical records, observation of resident, interview with an RN, and other staff.

Date Remedy Implemented: October 7, 2024

## WRITTEN NOTIFICATION: Menu planning

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

**Non-compliance with: O. Reg. 246/22, s. 77 (5)**

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that the planned menu items were offered and available at each meal and snack.

**Rationale and Summary**

The Ministry of Long-Term Care ActionLine received a complaint regarding the availability of menu items during meal service.

During lunch observation, it was observed that the posted menu indicated: Cream of Mushroom Soup, Mac and cheese or grilled Reuben sandwich, pickle spear, mustard, stewed tomatoes, lettuce salad, whole wheat bread, strawberries or butterscotch ice cream.

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During lunch there were no pickles or mustard available to residents, watermelon was provided instead of strawberries, and the Rubeen was served as a cold corned beef sandwich. The Dietary Aide, was asked where the other items were, and they indicated they were not sure why they weren't available.

The Director of Dietary Services indicated that the kitchen had pickles and mustard for the residents, however there was no process in place to ensure that all menu items were delivered to the home areas. The Director of Dietary Services further indicated that the change to the fruit option and the cold corned beef sandwich should have been communicated to the residents.

Failure to follow the menu posed a risk to all residents as it potentially impacted their intake and pleasurable dining experience.

**Sources:** Complaint, observation, and interviews with the Complainant, Director of Dietary Services, and other staff.

## WRITTEN NOTIFICATION: Dining and snack service

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that the home had a dining and snack service that included food and fluids being served at a temperature that was both safe and palatable for the residents.

### Rationale and Summary

The Ministry of Long-Term Care ActionLine received a complaint regarding food safety related to food temperatures not being completed at point of service.

During lunch observation, there was no evidence of the food temperatures being checked at point of service for supper the previous day or breakfast as evidenced by the food temperature logs being blank.

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Record review of policy titled "Food Temperature Recording", indicated "food temperatures will be taken during production and at point of service prior to serving food to residents".

The Director of Dietary services indicated that it is a requirement for food temperatures to be taken at the point of service to ensure the food temperature is safe for all residents.

Not completing food temperatures at point of service to ensure food was being served at a temperature that was both safe and palatable to the residents placed residents at a moderate risk of safety.

**Sources:** Complaint, observation, and interviews with the Complainant, Director of Dietary Services, and other staff.



**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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