

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

Report Issue Date: November 23, 2023	
Inspection Number: 2023-1260-0004	
Inspection Type: Proactive Compliance Inspection	
Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP	
Long Term Care Home and City: Cedarvale Lodge Community & Retirement Living, Keswick	
Lead Inspector Eric Tang (529)	Inspector Digital Signature
Additional Inspector(s) AngieM King (644)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 6-10, 14-16, 2023.

The following intake(s) were inspected:

- An intake related to a Proactive Compliance Inspection.

- The following **Inspection Protocols** were used during this inspection:
- Falls Prevention and Management
 - Food, Nutrition and Hydration
 - Infection Prevention and Control
 - Medication Management
 - Pain Management
 - Prevention of Abuse and Neglect
 - Quality Improvement
 - Resident Care and Support Services
 - Residents’ and Family Councils
 - Safe and Secure Home
 - Skin and Wound Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Windows

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

Non-compliance with: O. Reg. 246/22, s. 19

The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres (cm).

Rationale and Summary

A resident room was chosen for observation as part of the Proactive Compliance Inspection (PCI).

There was one window in the room that could be opened to the outdoor and accessible to the resident. When measured by the Director of Environmental Services (DSE), the window opened greater than 20 cm.

As per the DSE, the staff understood that resident windows should only be opened between 10.16 cm and 15.24 cm, and unable to verbalize the legislated requirement. However, the DSE indicated that a repair was to be initiated for the identified resident window.

There was a potential risk and impact to the residents as they might exit the home through the window.

Sources: resident room observation, home's New Move in Room Checklist policy, and interview with the DSE.

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WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

The licensee has failed to ensure that the resident's infectious symptoms were recorded every shift.

Rationale and Summary

The resident's electronic health records indicated that they had developed an infection requiring medical treatment.

As per resident records and the Infection Prevention and Control (IPAC) Lead, the resident's infectious symptoms were not recorded on multiple shifts between a week period, and their symptoms should have been recorded every shift during this time period.

There was a potential risk and impact to the resident as the lack of documentation might have hindered staff from monitoring the resident's treatment status.

Sources: the resident's electronic health records, and interview with the IPAC Lead.

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WRITTEN NOTIFICATION: Continuous quality improvement committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.

The licensee failed to ensure the continuous quality improvement (CQI) committee shall be composed of at least one registered staff.

Rationale and Summary

The home was unable to provide to the inspectors documentation of a registered staff as a member of their CQI committee.

The Director of Care (DOC) indicated a registered staff is a not member of the CQI committee.

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By failing to include a Reg staff, in the CQI program did not have an impact or risk to the resident(s) as CQI initiatives and outcomes were communicated in staff meetings. The opportunity for input from additional members who spend more time with the residents was lost.

Sources: review of home's documentation, interviews with DOC.
[644]

WRITTEN NOTIFICATION: Continuous quality improvement committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

The licensee failed to ensure the continuous quality improvement (CQI) committee shall be composed of at least one personal support worker (PSW).

Rationale and Summary

The home was unable to provide to the inspectors documentation of a PSW as a member of their CQI committee.

The Executive Director (ED) and Director of Care (DOC) indicated a PSW was not a member of the CQI committee.

By failing to include a PSW and a Reg staff, in the CQI program did not have an impact or risk to the resident(s) as CQI initiatives and outcomes were communicated in staff meetings. The opportunity for input from additional members who spend more time with the residents was lost.

Sources: review of home's documentation, interviews with DOC and ED.
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