Ontario

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

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: March 4, 2024
Original Report Issue Date: January 5, 2024
Inspection Number: 2023-1364-0009 (A1)
Inspection Type: Complaint Critical Incident Follow up
Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP
Long Term Care Home and City: Granite Ridge Community, Stittsville

Amended By Lisa Cummings (756)	**Inspector who Amended Digital Signature:** Lisa Cummings (756)

AMENDED INSPECTION SUMMARY

This inspection report has been amended to reflect a requested and approved extension to the compliance due date for compliance orders #001, #002, and #003. The compliance due date is now April 23, 2024.

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Lead Inspector Lisa Cummings (756)	**Additional Inspector(s)** Linda Harkins (126)
Amended By Lisa Cummings (756)	**Inspector who Amended Digital Signature** Lisa Cummings Digitally signed by Lisa Cummings Date: 2024.03.06 10:47:44 -05'00'

AMENDED INSPECTION SUMMARY

This inspection report has been amended to reflect a requested and approved extension to the compliance due date for compliance orders #001, #002, and #003. The compliance due date is now April 23, 2024.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 4, 5, 6, 7, 8, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 27, 2023
The inspection occurred offsite on the following date(s): December 15, 2023

The following intake(s) were inspected:

- Intake #00099269 (CI #2879-000051-23): An allegation of resident to resident sexual abuse
- Intake #00100027 (CI #2879-000053-23): An allegation of resident to resident physical abuse
- Intake #00100032 (CI #2879-000054-23): An allegation of resident to resident physical abuse
- Intake #00100373: Follow-up #1 for FLTCA, 2021 s. 19 (2) (a) regarding a clean and sanitary home
- Intake #00100374: Follow-up #1 for O. Reg. 246/22 s. 94 (1) regarding the pest control program
- Intake #00100587 (CI #2879-000056-23): An allegation of resident to resident physical abuse
- Intake #00100600 (CI #2879-000057-23): An allegation of visitor to resident sexual abuse
- Intake: #00100998 (CI #2879-000055-23): An allegation of resident to resident physical abuse
- Intake #00101123 (CI #2879-000059-23): An allegation of resident to resident physical abuse
- Intake #00101577 (CI #2879-000060-23): An allegation of staff to resident sexual abuse
- Intake #00101965 (CI #2879-000061-23): An allegation of resident to resident physical abuse
- Intake #00101994 (CI #2879-000062-23): An allegation of resident to resident sexual abuse

- Intake #00102188 (CI #2879-000063-23): An allegation of resident to resident sexual abuse
- Intake #00102616 (CI #2879-000065-23): An allegation of staff to resident physical abuse
- Intake #00102619 (CI #2879-000064-23): An allegation of resident to resident sexual abuse
- Intake #00102829 (CI #2879-000066-23): An allegation of resident to resident sexual abuse
- Intake #00104148 (CI #2879-000071-23): An allegation of resident to resident sexual abuse
- Intake #00104686 (CI #2879-000078-23): An allegation of resident to resident sexual abuse

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2023-1364-0007 related to FLTCA, 2021, s. 19 (2) (a) inspected by Lisa Cummings (756)

Order #002 from Inspection #2023-1364-0007 related to O. Reg. 246/22, s. 94 (1) inspected by Lisa Cummings (756)

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Safe and Secure Home

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Accommodation Services - Cleanliness and Repair

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (a)
Accommodation services
Specific duties re cleanliness and repair
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee has failed to ensure that all serveries were kept clean and sanitary. Rodent droppings were observed in the serveries of three resident home area prior to a dinner meal service.

Sources: Observations, review of the servery daily audits, and interviews with Dietary Aides and other staff.
[756]

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 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.

1) The licensee has failed to comply with the policy to promote zero tolerance of abuse and neglect of residents.

Specifically, two agency Registered Practical Nurses (RPNs) did not comply with the licensee's "Prevention of Abuse and Neglect of a resident" policy. As per the policy, any team member who witnessed an incident of abuse should "Immediately inform the Nurse in charge of the community. " These incidents of abuse were identified the next day during the review of the 24 hour report by Managers.

Sources: Resident health care record, Critical Incident# 2879-000071-23 and 2879-000078-23 and interviews with the Director of Care (DOC).
[126]

2) The licensee has failed to comply with the policy to promote zero tolerance of abuse and neglect of residents.

Specifically, the home Designate did not comply with the licensee's "Prevention of Abuse and Neglect of a resident" policy. As per the policy, the investigation required that "anyone aware of or involved in the situation write, sign and date a statement accurately describing the event". The designate indicated that they did not interview or obtain a written statement from a Sitter who witnessed an incident of sexual abuse.

Sources: Resident health care record, Critical Incident, and interviews with the designate and a Sitter.
[126]

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 has failed to ensure that the strategies for managing specific responsive behaviors for two residents were implemented during an observation. Both residents were observed sitting together holding hands at the end of the hallway and staff were around and did not separate them to mitigate the responsive behaviors.

Sources: Observation of both residents and interviews with a Registered Practical Nurse (RPN) and an Assistant Director of Care (ADOC).
[126]

WRITTEN NOTIFICATION: Licensees who report investigations under s. 27 (2) of Act

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

Non-compliance with: O. Reg. 246/22, s. 112 (1)

Licensees who report investigations under s. 27 (2) of Act

s. 112 (1) In making a report to the Director under subsection 27 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.

2. A description of the individuals involved in the incident, including,

i. names of all residents involved in the incident,

ii. names of any staff members or other persons who were present at or discovered the incident, and

iii. names of staff members who responded or are responding to the incident.

3. Actions taken in response to the incident, including,

i. what care was given or action taken as a result of the incident, and by whom,

ii. whether a physician or registered nurse in the extended class was contacted,

iii. what other authorities were contacted about the incident, if any,

iv. whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons, and

v. the outcome or current status of the individual or individuals who were involved in the incident.

4. Analysis and follow-up action, including,

i. the immediate actions that have been taken to prevent recurrence, and

ii. the long-term actions planned to correct the situation and prevent recurrence.

5. The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and, if so, the date of the

contact and the name of the inspector.

The licensee has failed to ensure that a written report for an incident of physical abuse between two residents was submitted to the Director.

Sources: Progress notes, Ontario LTC Homes Portal.
[126]

WRITTEN NOTIFICATION: Renovation of Homes

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 356 (3) 1.
Construction, renovation, etc., of homes
s. 356 (3) A licensee may not commence any of the following work without first receiving the approval of the Director:
1. Alterations, additions or renovations to the home.

The licensee failed to ensure that renovations due to water damage for two resident home area dining rooms received approval of the Director prior to commencing.

Sources: Observations of resident home areas, interviews with the Administrator and the Director of Environmental Services.
[756]

(A1)
The following non-compliance(s) has been amended: NC #006

COMPLIANCE ORDER CO #001 Duty to protect

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Protect female residents from sexual abuse from two specified residents.

B) Protect two residents from physical abuse by a specified resident.

C) Ensure that all sitters are aware of the resident's responsive behaviors for whom they are sitting for at the start of each shift. Keep a documented record for each shift a sitter works that includes, at a minimum, the name of the sitter, the name of the resident, the responsive behaviours exhibited by the resident, and the date and time the sitter reviewed the resident's responsive behaviours.

D) Develop and complete a weekly audit, for a period of four weeks, to assess if the interventions implemented for the three specified residents, to protect the other residents, were effective. Document any actions taken if the interventions are ineffective.

E) Provide training to all staff on the licensee's Zero Tolerance of Abuse policy, including the definitions of abuse, and ensure staff are be able to demonstrate understanding of the policy and definitions.

F) A record must be kept of the training provided that includes the training materials, the date of the training, who provided the training and all staff members who attended.

Grounds
In accordance with O. Reg. s. 2, "sexual abuse" means, (a) subject to subsection (3), any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member,

In accordance with O. Reg. s. 2, "sexual abuse" means, (b) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

In accordance with O. Reg. s. 2, "physical abuse" means, (c) the use of physical force by a resident that causes physical injury to another resident.

1) The licensee has failed to ensure that two residents were protected from sexual abuse as there were incidents of non-consensual touching that occurred on five dates.

Sources: Progress notes, Critical Incident (CI) and Interviews with a sitter.
[126]

2) The licensee has failed to ensure that a resident was protected from sexual abuse. On a specified day, a resident had a one-to-one sitter for exhibiting inappropriate sexual behaviors in the past. However, the Sitter indicated that on that day they were not aware that the resident had previously exhibited inappropriate

sexual behaviors and despite the one-to-one supervision, the resident touched a co-resident in an inappropriate sexual manner.

Sources: Progress notes, Critical Incident (CI) and interview with a sitter.
[126]

3) The licensee has failed to ensure a resident was protected from a Personal Support Worker (PSW)'s inappropriate touching. The resident reported to an RPN that a PSW touched them in an inappropriate manner without their consent and was angry, upset and scared. The PSW continued to work on the unit to complete their shift. The incident was identified the next morning during the review of the 24-hour report.

Sources: Critical incident #2879-000060-23, interviews with a PSW, RPN and ADOC.
[126]

4) The licensee has failed to ensure a resident was protected from physical abuse by another resident, more specifically the incidents that occurred on three specified dates which resulted in injuries. Further more, a third resident was not protected from physical abuse which resulted in an injury.

Sources: Resident health care record and interviews with two RPN.
[126]

This order must be complied with by April 23, 2024

(A1)

The following non-compliance(s) has been amended: NC #007

COMPLIANCE ORDER CO #002 Responsive behaviours

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 58 (1) 1.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Identify the four identified residents specific triggers for responsive behaviours, such as persons, places, situations, time of day, and any other specific situations. These triggers will be identified in writing in their plan of care.

B) After a period of four weeks, reassess the accuracy and relevance of the triggers for responsive behaviours identified during step (A) for the four identified residents. If the triggers are no longer relevant and new triggers are identified, these will be updated in writing in the plan of care.

C) Develop and implement interventions for the identified triggers to manage the responsive behaviors for the four identified residents.

D) Assess the effectiveness of the interventions. Document the outcome and

relevant actions taken in response.

Grounds

1) The licensee has failed to ensure that behavioural triggers that may result in responsive behaviours were identified and reassessments were completed for a resident after altercations with co-residents on nine specified dates.

Sources: Resident healthcare record, interviews with two RPN's.
[126]

2) The licensee has failed to ensure that behavioural triggers that may result in responsive behaviours were identified and reassessments were completed for a resident after altercations with co-residents on two specified dates.

Sources: Resident healthcare record, interviews with three RPN's.
[756]

3) The licensee has failed to ensure that behavioural triggers that may result in responsive behaviours were identified and reassessments were completed for a resident after exhibiting responsive behaviors on five specified dates.

Sources: Resident health care record and interviews with an RPN and an ADOC.
[126]

4) The licensee has failed to ensure that behavioural triggers that may result in responsive behaviours were identified and reassessments were completed for a resident after exhibiting responsive behaviors on five specified dates.

Sources: Resident health care record and interviews with an RPN and an ADOC.

[126]

This order must be complied with by April 23, 2024

(A1)
The following non-compliance(s) has been amended: NC #008

COMPLIANCE ORDER CO #003 Reporting certain matters to Director

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

A) Complete a review of the procedure for immediately reporting to the Director, including who is responsible for completing this task during each shift and how they are to report. This procedure should include a backup process if the charge nurse/designate is not able to immediately report.

B) Provide training to all Registered Staff and managers who would be responsible for reporting to the Director. This training must include the requirement to immediately report as per FLTCA 2021 s. 28, and the method to report to the Director depending on the date and time of the incident.

C) A record must be kept of the training provided, including the dates, the materials used for the education and who provided the education.

Grounds
1) The licensee has failed to ensure that an allegation of physical abuse for a resident was immediately reported to the Director. The resident made the allegation and this was reported two days later.

Sources: Resident progress notes and Critical Incident #2879-000065-23.
[756]

2) The licensee has failed to ensure that an allegation of sexual abuse for a resident towards another resident was immediately reported to the Director. The incident occurred on a specified date and the incident was reported three days later.

Sources: Resident health care records, Critical Incident #2879-000064-23 and interviews with the Director Of Care (DOC).
[126]

3) The licensee has failed to ensure that an allegation of sexual abuse for a resident towards another resident was immediately reported to the Director. The incident occurred on a specified date and was reported the following day.

Sources: Critical Incident #2879-000062-23 and interviews.

[126]

4) The licensee has failed to ensure that an allegation of sexual abuse for a resident towards another resident was immediately reported to the Director. The incident occurred on a specified date and was reported the following day.

Sources: Critical incident # 2879-000066-23 and interviews.
[126]

5) The licensee has failed to ensure that an allegation of sexual abuse for a resident was immediately reported to the Director. The incident occurred on a specified date and was reported three days later.

Sources: Critical incident # 2978-000060-23 and interview with an ADOC.
[126]

6) The licensee has failed to ensure that an allegation of physical abuse for a resident towards another resident was immediately reported to the Director. The incident occurred on a specified date and was reported the following day.

Sources: Progress Notes, Critical Incident #2879-000059-23 and interviews with an RPN and a Registered Nurse (RN).
[126]

7) The licensee has failed to ensure that an allegation of physical abuse between two residents was immediately reported to the Director. The incident occurred on a specified date and was reported two days later.

Sources: Progress Notes and Critical Incident #2879-000061-23.

[126]

8) The licensee has failed to ensure that an allegation of sexual abuse between two residents was reported to the Director.

Sources: Progress notes, LTC Homes portal, and interviews with an RPN and an RN.
[756]

9) The licensee has failed to ensure that an allegation of sexual abuse for a resident was immediately reported to the Director. The alleged incident occurred on a specified date and was reported two days later.

Sources: Resident progress notes, Ministry of Long-Term Care Infoline - LTC Homes After Hours report, Critical Incident #2879-000057-23.
[756]

10) The licensee has failed to ensure that allegations of sexual abuse for a resident towards another resident were immediately reported to the Director. The allegations of sexual abuse for two dates were not reported to the Director and a third incident was reported four days after the alleged incident.

Sources: Resident health care records, Critical Incident #2879-000064-23 and interviews with two ADOC's.
[126]

This order must be complied with by April 23, 2024

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

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

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

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.