

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 4, 2022	2022_876606_0005	000207-22, 000469-22	Complaint

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**Licensee/Titulaire de permis**

The Royale Development GP Corporation as general partner of The Royale  
Development LP  
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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**Long-Term Care Home/Foyer de soins de longue durée**

Woodhall Park Care Community  
10260 Kennedy Road North Brampton ON L6Z 4N7

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JANET GROUX (606)

**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 15-18, 22 and 23, 2022.**

**The following intakes were completed in this complaint inspection:**

**Log #000207-22 and log #000469-22 related to the home's personal support services, laundry services, falls prevention, skin and wound care, nutrition and hydration, and medication system management programs.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Associate Director of Care (ADOC), Registered Dietitian (RD), Nurse Practitioner (NP), Physician, Occupational Therapist (OT), Physiotherapist (PT), Director of Programs, Director of Dietary Services, Registered Practical Nurses (RPN), Registered Nurses (RN), Personal Support Workers (PSW), and Substitute Decision Makers (SDM).**

**During the course of the inspection, the inspectors observed resident and staff interactions, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.**

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

**Accommodation Services - Laundry**

**Falls Prevention**

**Hospitalization and Change in Condition**

**Medication**

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (1) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section. O. Reg. 79/10, s. 229 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure nail clippers were disinfected and stored properly.

A complaint submitted to the Ministry of Long Term Care (MLTC) reported concerns related a resident's personal care and included nail care.

The home's protocol directed the Personal Support Workers (PSW) to disinfect nail clippers and hang to dry on a rack after each use.

Observations of nail clippers belonging to a number of residents were scattered together in a dirty sink.

Two PSWs said after use, nail clippers were disinfected and hung on a rack to dry. The Director of Care (DOC) and Associate Director of Care (ADOC) acknowledged this.

Failure to disinfect and clean nail clippers could have put residents at potential risk for infections.

Sources: observations, and interviews with staff. [s. 229. (1)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure nail clippers are disinfected and stored properly, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following:**

**s. 30. (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 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 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. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure a resident was provided a wheelchair that was appropriate and based on their condition.

A complaint submitted to the Ministry of Long Term Care (MLTC) alleged the wheelchair a resident used was inappropriate for them.

A resident was provided a particular wheelchair to meet the specific needs of the resident.

A PSW said the wheelchair used for the resident did not meet the resident's needs.

A Registered Practical Nurse (RPN) said a wheelchair that meets the resident's needs should have been used.

Failure to provide the resident a chair that meets their assessed needs could have put the resident's lower extremities at potential risk for injury.

Sources: observations, a resident's progress notes, care plan, and staff interviews. [s. 30. (1) 2.]

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**Issued on this 11th day of March, 2022**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**