

**Ministry of Long-Term Care**

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

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

## Amended Public Report Cover Sheet (A1)

<b>Amended Report Issue Date:</b> January 10, 2025
<b>Original Report Issue Date:</b> December 13, 2024
<b>Inspection Number:</b> 2024-1439-0005 (A1)
<b>Inspection Type:</b> Complaint Critical Incident
<b>Licensee:</b> The Royale Development GP Corporation as general partner of The Royale Development LP
<b>Long Term Care Home and City:</b> Silverthorn Community, Mississauga

## AMENDED INSPECTION SUMMARY

This report has been amended to: Rescind NC#004 as it was reflected in CO#001

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## AMENDED INSPECTION SUMMARY

This report has been amended to: Rescind NC#004 as it was reflected in CO#001

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 18-22, 26, 2024.

The following intake(s) were inspected:

- Intake: #00125033 - Critical Incident (CI): 2956-000017-24 related to Falls Prevention and Management.
- Intake: #00128624 - Complaint related to Housekeeping, Maintenance services, and Staffing.
- Intake: #00128720 - Complaint related to Falls Prevention and Management.

The following intakes were completed in this inspection: Intake: #00130027 [CI #2956-000023-24]

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which was related to the falls prevention and management program. The inspectors acknowledge that the issues were inspected upon but not saying that the intake was inspected.

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

Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control  
Falls Prevention and Management

## AMENDED INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

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

#### Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan.

#### Rationale and Summary

The plan of care for a resident was to ensure that a specified equipment was in working condition when the resident is in bed. On a specified date, the resident had a fall and sustained an injury. The investigation notes indicated that the staff caring for the resident did not check if the equipment was working after the fall occurred.

Failure to ensure that safety precautions were in place puts the resident at an increased risk for falls.

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**Sources:** A resident's health records, investigation notes, and interviews with staff.

**WRITTEN NOTIFICATION: Falls prevention and management**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management.

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s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure the use of falls prevention and management supplies were implemented for a resident as a strategy to reduce or mitigate falls.

**Rational and Summary**

A resident had an unwitnessed fall on a specified date and sustained multiple injuries. The post-falls assessment and investigation notes indicated that the resident was not wearing non-skid socks at the time of the fall when this was indicated in their care plan as a falls prevention intervention. All other falls prevention interventions were in place.

The PSW stated that the resident had one pair of non-skid socks which were soiled, as a result, regular socks were applied. The PSW acknowledged that the nurse was not informed of this when they should have been. The ADOC confirmed there is sufficient availability of non-skid socks at the home which is easily accessible by registered staff.

The resident's safety was put at risk by failing to ensure that all of their falls prevention interventions were in place.

**Sources:** A resident's health records, investigation notes; and interviews with staff.

**WRITTEN NOTIFICATION: Continence care and bowel management**

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

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee has failed to ensure that a resident who was frequently incontinent, had an individualized plan as part of their plan of care to promote and manage bowel and bladder continence based on their bladder and bowel continence assessment.

**Rational and Summary**

A resident was frequently incontinent with functional incontinence due to cognitive and/or physical functioning. The bladder and bowel continence assessment, the Kardex where front-line staff obtained the care information, and the plan of care lacked a detailed resident-specific toileting regimen.

Failing to have a detailed resident-specific toileting regimen puts the resident's safety at risk.

**Sources**

Resident's health records, the home's Continence Program-Promoting Continence policy, and interviews with staff.

**(A1)**

**The following non-compliance(s) has been amended: NC #004**

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## **WRITTEN NOTIFICATION: Housekeeping**

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

### **Non-compliance with: O. Reg. 246/22, s. 93 (2)**

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odors.

## **COMPLIANCE ORDER CO #001 Housekeeping**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

### **Non-compliance with: O. Reg. 246/22, s. 93 (2) (a)**

Housekeeping

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s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

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

The licensee shall:

- 1) Provide education/training for housekeeping aides on two specific home areas, regarding following the cleaning schedule as well as their cleaning responsibilities and timelines for completion of tasks.
- 2) Document and retain records of the above education including the date and name of the person who provided the education.
- 3) Conduct a weekly housekeeping cleaning audit on the two specific home areas for 6 weeks.
- 4) Document the date, who completed the audit, non-compliances and corrective actions taken. Audit records must be kept and readily available for inspector to review.

**Grounds**

The licensee has failed to ensure that housekeeping procedures in the home for cleaning the dining room, hallways and resident bedrooms were implemented.

**Rationale and Summary**

The home's policy states that the housekeeping team will follow each cleaning frequency as the schedule indicated. A review of the house keeping aides' job routine states that the dining room cleaning is scheduled for cleaning at two



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specific times during the day. Housekeepers are to sweep and mop the dining room floor. On a specified date and time in a specific home area, the dining room, the air exchanger and ceiling fan as well as the chandelier lights hanging by the fans were full of dust. The inspector spoke with the housekeeper on the unit, and they stated that it should have been cleaned and that it is their responsibility, but they were scared to do it because the ring on the glass moves when they clean the chandelier.

On another date after dining in two specific home areas, the dining room floors had crumbs as well as sticky stains on them. Staff stated that the dining room should be cleaned after breakfast and dinner and once there are no residents present in the dining room. The inspector returned to one of the home area's dining rooms, the tables were set, and residents were seated for lunch. No food or drinks had been served, but there were still crumbs and juice stains on the tables as well as on the floors. Shortly after in the other home area, residents were seated, and tables were set without food served and there were stains on the floor as well as crumbs that were initially observed earlier that day. The hallways still had stains on the wooden floors throughout and the resident's rooms had not been cleaned.

Staff in both home areas acknowledged that the floor and the tables were dirty and did not appear to have been cleaned. The Director of Environmental Services acknowledged that the fans and lights as well as the dining room should have been cleaned.

Failure to ensure that the home areas are being cleaned appropriately puts the home at risk for health-related risks.

**Sources:** Housekeeping aid job routine, schedule, pest control and cleaning audits and logs, action plan for pest control, supply order invoice, Policy (Cleaning Frequencies – House Keeping, XII-D-10.40), and interviews with staff.



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

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**This order must be complied with by February 28, 2025**

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## 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).