

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

Public Report

Report Issue Date: March 13, 2026

Inspection Number: 2026-1439-0002

Inspection Type:
Critical Incident

Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP

Long Term Care Home and City: Silverthorn Community, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 4-5, 9-13, 2026.

The following intakes were inspected:

- Intake: #00167246 - Critical Incident (CI) related to skin and wound management and pain management.
- Intake: #00168787 - CI related to prevention of abuse.
- Intake: #00169497 - CI related falls prevention and management.
- Intake: #00170257 - CI related to falls prevention and management.
- Intake: #00170541 - CI related to skin and wound management and resident care and support services.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Reporting and Complaints
- Pain Management
- Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A staff member acknowledged they did not document a resident's skin alteration when assessed as per the home's skin and wound management program.

Sources: A resident's clinical records, Skin & Wound Care Management Protocol, and an interview 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

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 home's falls prevention and management program was not complied with. Specifically, ensuring that a staff member implemented the falls preventions strategies identified in a resident's plan of care. On an identified date, a resident did not have their specified falls prevention strategies in place.

Sources: CI investigations, Falls Prevention and Management Policy, and interviews with staff.

WRITTEN NOTIFICATION: Resident records

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

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Non-compliance with: O. Reg. 246/22, s. 274 (b)

Resident records

s. 274. Every licensee of a long-term care home shall ensure that,
(b) the resident's written record is kept up to date at all times.

A resident's clinical records were not kept up to date. During the identified period, multiple required assessments and notes were completed and documented after their designated dates.

Sources: A resident's clinical records and interviews with staff.