

**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:** June 12, 2025

**Inspection Number:** 2025-1477-0003

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** 859530 Ontario Inc. (operating as Jarlette Health Services)

**Long Term Care Home and City:** Royal Rose Place, Welland

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 3-6, and 9-12, 2025.

The following intake(s) were inspected:

- Intake: #00148686 - Proactive Compliance Inspection (PCI) for Royal Rose Place

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Medication Management  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement  
Staffing, Training and Care Standards  
Residents' Rights and Choices  
Pain Management

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## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when their plan of care was not updated to include a specified intervention.

The plan of care was updated on June 11, 2025.

**Sources:** Observation of resident, resident's plan of care, interview with staff.

Date Remedy Implemented: June 11, 2025.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

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

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the

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home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that a window in a resident room that opened to the outdoors had a screen when the screen was observed to be off the window and placed to the side. The Environmental Services Manager (ESM) replaced the screen right away.

**Sources:** Observations, interview with the ESM.

Date Remedy Implemented: June 3, 2025.

**WRITTEN NOTIFICATION: No interference by licensee**

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

**Non-compliance with: FLTCA, 2021, s. 71 (a)**

No interference by licensee

s. 71. A licensee of a long-term care home,

(a) shall not interfere with the meetings or operation of the Residents' Council or the Family Council;

The licensee has failed to ensure that they did not interfere with the meetings or operation of the Family Council when in October 2024 during a Family Council Meeting, members were informed by the council's assistant that Family Council was not the forum for complaints and concerns. As per the Fixing Long-Term Care Act, 2021, section 66 (1) 8 stated that the Family Council has the power to "advise the licensee of any concerns or recommendations the Council has about the operation of the home."

**Sources:** Family Council Meeting Minutes (October 2024), interview with Family Council Member.

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## WRITTEN NOTIFICATION: Care Conference

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

**Non-compliance with: O. Reg. 246/22, s. 30 (1) (a)**

Care conference

s. 30 (1) Every licensee of a long-term care home shall ensure that,

(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any;

The licensee has failed to ensure that an annual care conference of the interdisciplinary team was held for a resident in 2024 to discuss the plan of care and other matters of importance to the resident and their Substitute Decision Maker (SDM), if any.

**Sources:** Resident's clinical record, interview with an SDM, interview with the Director of Care (DOC).

## WRITTEN NOTIFICATION: Skin and wound care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident exhibiting altered skin integrity was

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reassessed at least weekly when a resident's wound was not reassessed for a specified week in June 2025. The Skin & Wound Program Lead confirmed that skin & wound assessments were to be completed every seven days until a wound heals.

**Sources:** Resident's skin & wound assessments, interview with Skin & Wound Program Lead.

## **WRITTEN NOTIFICATION: Menu planning**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 77 (2) (c)**

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle, (c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration,

- (i) subsection (1),
- (ii) the residents' preferences, and
- (iii) current Dietary Reference Intakes (DRIs) relevant to the resident population. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that, prior to being in effect, each menu cycle, was approved for nutritional adequacy by a registered dietitian (RD) when the Fall/Winter and Spring/Summer menu cycles were not approved prior to being implemented.

**Sources:** Fall/Winter menu cycle, Spring/Summer menu cycle, interview with RD.

## **WRITTEN NOTIFICATION: Continuous quality improvement committee**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that the continuous quality improvement committee composed of at least one employee who had been hired as a personal support worker (PSW) or provided personal support services at the home.

**Sources:** Quality Committee meeting minutes (April 2025), Interview with Administrator.

**WRITTEN NOTIFICATION: Continuous quality improvement committee**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.**

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

9. One member of the home's Residents' Council.

The licensee has failed to ensure that the continuous quality improvement committee composed of at least one member of the home's Residents' Council.

**Sources:** Quality Committee meeting minutes (April 2025), Interview with Administrator.

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**WRITTEN NOTIFICATION: Continuous quality improvement  
committee**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.**

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

10. One member of the home's Family Council, if any.

The licensee has failed to ensure that the continuous quality improvement committee composed of at least one member of the home's Family Council.

**Sources:** Quality Committee meeting minutes (April 2025), Interview with Administrator.

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