



Ministry of Health and
Long-Term Care

Ministère de la Santé et des Soins
de longue durée

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

Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 22, 2019	2018_591623_0022	022222-18	Follow up

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

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

Case Manor Care Community
28 Boyd Street P.O. Box 670 BOBCAYGEON ON K0M 1A0

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

SARAH GILLIS (623)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 27, 28, 29, 30, December 4, 5, and 6, 2018

Also present during the course of this inspection for the purpose of training observation was inspector #747.

The following intake log was inspected:

Log #022222-18 - Follow-up to CO #001 related to 24/7 RN staffing

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), Assistant Director of Care (ADOC), Resident Care Coordinator (RCC), Registered Nurse(s) (RN), and Registered Practical Nurse(s) (RPN).

In addition the following records were reviewed: the licensee's records for CO #01 including a staffing back up plan, staffing records of actual worked shifts, records of agency staff used including CNO qualifications and police records checks.

The following Inspection Protocols were used during this inspection:
Sufficient Staffing

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

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #001	2018_643111_0006		623

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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 LTCHA, 2007 S.O. 2007, c.8, s. 74. Continuity of care – limit on temporary, casual or agency staff



Specifically failed to comply with the following:

s. 74. (1) In order to provide a stable and consistent workforce and to improve continuity of care to residents, every licensee of a long-term care home shall ensure that the use of temporary, casual or agency staff is limited in accordance with the regulations. 2007, c. 8, s. 74. (1).

Findings/Faits saillants :

1. s. 74 (1) In order to provide a stable and consistent workforce and to improve continuity of care to residents, every licensee of a long-term care home shall ensure that the use of temporary, casual or agency staff is limited in accordance with the regulations. 2007, c. 8, s.74 (1).

Agency Staff

(2) In subsection (1),

“agency staff” means staff who work at the long-term care home pursuant to a contract between the licensee and an employment agency or other third party. 2007, c. 8, s. 74 (2).

When agency staff is hired

s. 75 (3) For the purposes of subsection (1), a staff member who is agency staff, as the term is defined in subsection 74 (2), is considered to be hired when he or she first works at the home. 2007, c. 8, s. 75 (3).

The certification of nurses as indicated under O. Reg 79/10, s. 46 Every licensee of a long-term care home shall ensure that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of nurses of Ontario.

During a follow-up inspection in the home for previous CO #1 – s. 8(3) – related to 24/7 RN coverage in the home. The compliance order specified the following; The licensee shall ensure that they provide documented evidence to demonstrate the actual worked RN staffing schedule (which includes changes to the schedule for after business hours call-ins and any RNs identified as on-call) to clearly demonstrate that at least one Registered Nurse (RN), who is both an employee of the licensee and a member of the regular nursing staff of the home, is on duty and present in the home at all times.



A review of the licensee's internal records of the actual worked RN staffing schedule for a specified period of time, was completed by Inspector #623. It was identified throughout the records that "agency" was scheduled to cover an identified number of shifts during that time. The records did not identify the name of the agency or the nurse. Inspector #623 requested that the ED provide further documentation to identify who actually worked the shift and verification that the agency nurse was a Registered Nurse who had appropriate current certificate of registration with the College of Nurses of Ontario (CNO).

On a specified date and time, during an interview with Inspector #623, the DOC indicated that there are currently two agencies being used to provide nursing staff coverage in the home. The DOC indicated that when a new nurse is hired through the agency, they are provided with an orientation shift on their first day where they are paired with an RN who is a regular staff member. The DOC indicated that they believed that a record is kept on file of the RN's current registration with the CNO, but was unsure if they kept a record of the agency RN's police record check. Inspector #623 requested verification of the qualifications of the RN as well as the police record check completed within six months of the date of hire.

On a specified date and time, the DOC provided information indicating the identity of the agency RN who actually worked an identified number of shifts during an identified period of time. The DOC indicated that they did not have verification of appropriate current certification on file for any of the RN's hired through the agency and had looked them up that day on the CNO website. The DOC indicated that they relied on the agency to ensure that the RN's had appropriate certification with the CNO and did not check prior to hiring. The following information was provided to Inspector #623 by the DOC on a specified date:

Agency RN #104 – Date of hire – CNO registration verification on the date the information was provided to the inspector, entitled to practice with no restrictions. Important information identified.

Agency RN #105 – Date of hire – CNO registration verification on the date the information was provided to the inspector, entitled to practice with no restrictions.

Agency RN #106 – Date of hire – CNO registration verification on the date the information was provided to the inspector, entitled to practice with no restrictions.



Agency RN #107 – Date of hire – CNO registration verification on the date the information was provided to the inspector, entitled to practice with no restrictions.

Agency RN #108 – Date of hire – CNO registration verification on the date the information was provided to the inspector, entitled to practice with no restrictions.

Agency RN #109 – Date of hire – CNO registration verification on the date the information was provided to the inspector, entitled to practice with restrictions. Clarification of restrictions letter from the CNO provided to the DOC on a specified date, from the nursing agency.

The licensee failed to ensure that the use of temporary, casual or agency staff is limited in accordance with the regulations. The certification of nurses as indicated under O. Reg 79/10, s. 46 Every licensee of a long-term care home shall ensure that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of nurses of Ontario. When agency staff were hired, the licensee failed to ensure that the registered nurses had appropriate current certificate or registration with the CNO, upon hire. [s. 74. (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 by ensuring that the use of temporary, casual or agency staff is limited in accordance with the regulations, and by ensuring that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of nurses of Ontario, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 75. Screening measures

Specifically failed to comply with the following:

s. 75. (1) Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. 2007, c. 8, s. 75. (1).

Findings/Faits saillants :

1. s. 75 (1) Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. 2007, c. 8, s. 75 (1).

(2) The screening measures shall include police records checks, unless the person being screened is under 18 years of age. 2007, c. 8, s. 75 (2).

O. Reg. 79/10, s. 215 (1) This section applies where a police records check is required before a licensee hires a staff member or accepts a volunteer as set out in subsection 75 (2) of the Act.

(2) The police records check must be,

(a) conducted by a police force; and

(b) conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

A review of the licensee's internal records of the actual worked RN staffing schedule for a specified time period, was completed by Inspector #623. It was identified throughout the records that agency was scheduled to cover an identified number of shifts during that time. The records did not identify the name of the agency or the nurse. Inspector #623 requested that the ED provide further documentation to identify who actually worked the shift and verification that the agency nurse had provided a police records check that was conducted within six months before the staff member was hired.

On a specific date and time, during an interview with Inspector #623, the DOC indicated that there are currently two agencies being used to provide nursing staff coverage in the home. The DOC indicated that they believed that a record is kept on file in the home, of the RN's current registration with the CNO, but was unsure if they kept a record of the agency RN's police record check. Inspector #623 requested verification of the qualifications of the RN as well as the police record check completed within six months of the date of hire.



On a specific date and time, during a separate interview, the DOC indicated that they relied on the agency to ensure that the RNs who were scheduled to work in the home were properly screened which included a police records check. The DOC indicated that the licensee did not have a record on file of police records checks for the six RN's that were employed in the home through the nursing agency.

The following records were provided to Inspector #623 by the DOC two days after the records were requested. The DOC indicated that they had received the information from the nursing agencies on that day and not prior to the RN's working their first shift in the home:

Agency RN #104 – Date of hire – Police records check on a specified date, incomplete, only page 1 provided which does not indicate the results of the check.

Agency RN #105 - Date of hire – Police records check completed on a specified date within six months of the date of hire..

Agency RN #106 – Date of hire – No police records check on file, the agency provided an email indicating they also did not have records on file of a police records check.

Agency RN #107 – Date of hire – Police records check completed on a specified date, two months after the date of hire.

Agency RN #108 – Date of hire – Police records check completed on a specified date not within six months of the date of hire.

Agency RN #109 – Date of hire – Police records check completed on a specified date within six months of the date of hire.

The licensee failed to ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers which includes a police records check that is required before a licensee hires a staff member or accepts a volunteer. The police records check must be conducted by a police force and conducted within six months before the staff member is hired or the volunteer is accepted by the licensee. The licensee failed to complete a police records check for six RN's hired through an agency, prior to being hired in the home. [s. 75. (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 by ensuring that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers, a police records check is required before a licensee hires a staff member and must be conducted by a police force and conducted within six months before the staff member is hired by the licensee, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 213. Director of Nursing and Personal Care

Specifically failed to comply with the following:

s. 213. (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:

- 1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week. O. Reg. 79/10, s. 213 (1).**
- 2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week. O. Reg. 79/10, s. 213 (1).**
- 3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week. O. Reg. 79/10, s. 213 (1).**
- 4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week. O. Reg. 79/10, s. 213 (1).**
- 5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 213 (1).**

Findings/Faits saillants :

- 1. The licensee has failed to ensure that the DOCP works regularly in the position on site for at least 35 hours per week in a home with 65 or more beds.**

Related to log #022222-18

During a follow-up inspection in the home for previous CO #1 – s. 8(3) – related to 24/7



RN coverage in the home, it was identified that the Director of Care was not present in the home and there was no RN identified to provide coverage for the Director of Care for a specified period of time. .

On a specific date and time, during an interview with Inspector #623, the Director of Care indicated that they were recently on an extended leave from the home. During a second interview on a specified date, the DOC indicated that after reviewing their records it was determined that they were on leave for a specific identified period of time. The DOC indicated that to their knowledge there was no RN designated as the acting DOC during their absence. The DOC indicated that at any time they are off of work, for vacation or sick time, their job is not covered by a designated acting DOC. The expectation of the ED is that the DOC remain available by phone and the ADOC who is an RPN, will take on the responsibilities of the nursing department. The DOC indicated that during their absence, they were available on call but not present in the home. The DOC confirmed that the home has 96 beds.

On a specific date and time, during an interview with Inspector #623, RN #101 indicated that they were notified by the daily summary email that the DOC was going to be off of work and returning on a specified date. RN #101 was unable to recall the exact date of that email but believed it was around a specific date. The RN indicated that they reviewed their work emails dating back to a specified date and were unable to locate the specific email, emails older than this had been deleted from the system. RN #101 indicated that during the time that the DOC was off of work, staff were instructed to contact the ADOC for nursing concerns. RN #101 indicated that the ADOC is an RPN.

On a specific date and time, during an interview with Inspector #623, RPN #111 indicated that when the DOC is absent from the home the ADOC (RPN) and Executive Director (ED) oversee nursing. There is no communication to the staff indicating who is responsible as the manager in charge of nursing in the DOC's absence. RPN #111 indicated that certain items would go directly to the top, but typically RPN #111 would direct most concerns to the ADOC and not ED. RPN #111 indicated that the DOC was recently on a leave of absence for approximately six weeks, returning on a specified date, but could not be certain of the exact start date.

On a specific date and time, during an interview with the Executive Director (ED), Inspector #623 indicated that they had been made aware that the DOC had just returned from an leave of absence and requested that the ED provide the actual dates of the leave along with the name of the RN who was covering the nursing department in the



absence of the DOC. The ED indicated that they believed that the DOC's leave was only for four weeks, but would need to verify the actual dates. The ED also indicated that when the DOC was not available in the home, they were off work but were always available by phone. The ED indicated that the ADOC who is an RPN was looking after the nursing department and would triage incidents and filter them to the DOC as necessary. The ED indicated there is always an RN in the building 24/7 as the Charge Nurse and that the ED is also an RN, but no none was designated to the role of Acting DOC.

The licensee failed to ensure that the Director of Nursing and Personal Care work regularly in that position, on site in the home with 65 or more licensed beds, at least 35 hours per week. When the DOC took a leave of absence from the home for a specified period of time, and coverage was not provided by an RN in the Acting DOC position. [s. 213. (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 by ensuring that the Director of Nursing and Personal Care works regularly in that position, on site in the home with 65 or more beds, at least 35 hours per week, to be implemented voluntarily.

Issued on this 30th day of January, 2019

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

Original report signed by the inspector.