

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 20, 2021	2021_598570_0018	009349-21, 009785-21	Critical Incident System

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

SAMI JAROUR (570)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 8, 9, 10, 13, 14, 2021

The following intakes were inspected in this critical incident inspection:

**Log # 009785-21, CIS report related to a fall;
Log # 009785-21, follow up to Compliance Order (CO) #001, O. Reg 79/10 s. 229 (4), related to infection prevention and control, issued under inspection #2021_815623_0013, with a compliance due date of July 9, 2021.**

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), the Director of Care (DOC), the Assistant Director of care RPN, Registered Practical Nurse (RPN), Director of Environmental Services, Personal Support Workers (PSW), Physiotherapy Assistant, and residents.

The Inspector also reviewed resident health care records, education records, observed the delivery of resident care and services, including staff to resident interactions and observed Infection Prevention and Control practices in the home.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Safe and Secure Home**

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

**1 WN(s)
0 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
O.Reg 79/10 s. 229. (4)	CO #001	2021_815623_0013		570

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 O.Reg 79/10, s. 21. Air temperature
Specifically failed to comply with the following:**

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that temperatures required to be measured under subsection (2) were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

A review of the home's Air Temperature Log Forms from May 15, 2021 to September 7, 2021, indicated the air temperatures were not documented three times daily from May 15, 2021 to July 2, 2021, at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night in all residents' home areas including the designated cooling areas at the home.

The Executive Director (ED) acknowledged that there was a period that temperatures were taken and documented but not three times daily and that had been rectified.

Failure to monitor the air temperatures in the home including the designated cooling areas of the home may result in uncomfortable temperatures for residents.

Sources: the home's Air Temperature Log Forms, and interview with the ED. [s. 21. (3)]

Issued on this 4th day of October, 2021

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

Original report signed by the inspector.