Ontario

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

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

Central East District
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Public Report

Report Issue Date: August 13, 2025
Inspection Number: 2025-1013-0004
Inspection Type: Critical Incident
Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP
Long Term Care Home and City: Case Manor Community, Bobcaygeon

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 6 - 8, 11 - 13, 2025

The following intake(s) were inspected:
An intake regarding an allegation of resident abuse.
An intake regarding an allegation of improper care.
An intake regarding a fall with significant change in condition.
An intake regarding a resident to resident altercation.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

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

Non-compliance with: FLTCA, 2021, s. 27 (1) (b)
Licensee must investigate, respond and act
s. 27 (1) Every licensee of a long-term care home shall ensure that,
(b) appropriate action is taken in response to every such incident; and

The licensee failed to ensure that appropriate action was taken in response to an allegation of abuse involving a resident.
Staff did not conduct a comprehensive assessment of the resident and failed to escalate the matter to management, Police, or the Ministry of Long-Term Care. The Management of the home confirmed that the staff member did not meet the home's expectations for responding to or reporting the alleged incident of abuse.
Sources: A resident's clinical records, internal investigation file, interviews with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that when an allegation of abuse of resident was made, it was immediately reported to the Director.
Sources: A critical incident report , internal investigation file, interviews with staff.

WRITTEN NOTIFICATION: Falls prevention and management

NC #003 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 licensee has failed to ensure that strategies to reduce and mitigate falls were implemented.
On a specific date a resident had a fall with significant change in condition. A review of clinical records indicated that the resident did not have a specific intervention in place at the time of the fall.
Sources: A resident's clinical records, internal investigation records, interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident’s responses to interventions are documented.

The licensee failed to ensure that actions were taken to respond to a resident's responsive behaviours, including assessments, reassessments, and interventions, and that the resident’s responses to interventions were documented.
Specifically, when behavioural observation records and assessments were not completed and evaluated for a resident following their responsive behaviour incident.
Sources: The licensee's Responsive Behaviour Policy, a resident's clinical health records, interviews with staff.

WRITTEN NOTIFICATION: Behaviours and altercations

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

Non-compliance with: O. Reg. 246/22, s. 60 (a)

Behaviours and altercations

s. 60. Every licensee of a long-term care home shall ensure that,

(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The licensee failed to ensure that interventions were in place and implemented to minimize the risk of altercations and potentially harmful interactions between residents, when a resident was aggressive with another resident.

Sources: The licensee's Responsive Behaviour Policy, a resident's clinical health records, interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with additional requirement 9.1 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022), the licensee has failed to ensure that Additional Precautions were followed in the IPAC program, when a resident was not isolated for a presumed infectious disease.

Sources: A specific infection control measures communication, a resident's clinical health records, interviews with staff, and external sources.

WRITTEN NOTIFICATION: Hiring staff, accepting volunteers

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

Non-compliance with: O. Reg. 246/22, s. 252 (2) (a)

Hiring staff, accepting volunteers

s. 252 (2) The police record check must be,

(a) conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015; and

The licensee failed to ensure that a criminal reference check with vulnerable sector screen for a staff member was conducted by a police record check provider within the meaning of the Police Record Checks Reform Act; 2015 prior to hire.

Sources: A staff member police record check and interviews with staff.