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
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: May 9, 2025
Original Report Issue Date: April 17, 2025
Inspection Number: 2025-1013-0002 (A1)
Inspection Type: Follow up
Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP
Long Term Care Home and City: Case Manor Community, Bobcaygeon

AMENDED INSPECTION SUMMARY

This report has been amended to:
1. Written Notification #004 was amended to include "as part of condition #2 of CO #008." The WN #004 is issued in this Amended Inspection Report with a served date of April 16, 2025.

2. Compliance Order #001 was amended to include the wording " virtual" training and the requirement for "in-person" training was removed. The CO #001 is issued in this Amended Inspection Report with a served date of April 16, 2025. The order must be complied with by June 9, 2025.

3. Compliance Order #002 was amended to include the wording " virtual" training and the requirement for "in-person" training was removed. The CO #002 is issued in this Amended Inspection Report with a served date of April 16, 2025. The order must be complied with by June 9, 2025.

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3. Compliance Order #002 was amended to include the wording " virtual" training and the requirement for "in-person" training was removed. The CO #002 is issued in this Amended Inspection Report with a served date of April 16, 2025. The order must be complied with by June 9, 2025.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 9, 10, 11, 14, 15, 16, 2025

The following intake(s) were inspected:
Intake: #00134700 - Follow-up #: 1 - FLTCA, 2021 - s. 6 (10) (c) - Plan of Care - Compliance Due Date (CDD) March 28, 2025
Intake: #00134701 - Follow-up #: 1 - FLTCA, 2021 - s. 6 (5) - Plan of Care - CDD March 28, 2025
Intake: #00134702 - Follow-up #: 1 - FLTCA, 2021 - s. 6 (4) (b) - Plan of Care - CDD March 28, 2025
Intake: #00134703 - Follow-up #: 1 - O. Reg. 246/22 - s. 57 (1) 4. - Pain Management - CDD March 28, 2025
Intake: #00134704 - Follow-up #: 1 - O. Reg. 246/22 - s. 57 (2) - Pain Management - CDD March 28, 2025
Intake: #00134705 - Follow-up #: 1 - O. Reg. 246/22 - s. 61 (4) - Palliative Care - CDD March 28, 2025
Intake: #00134706 - Follow-up #: 1 - O. Reg. 246/22 - s. 61 (5) - Palliative Care - CDD March 28, 2025
Intake: #00134709 - Follow-up #: 1 - O. Reg. 246/22 - s. 19 - Windows - CDD March 28, 2025
Intake: #00142437 - Critical Incident Report (CIR) - Alleged abuse of a resident.
Intake: #00144234 - CIR - Alleged abuse of a resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1013-0002 related to FLTCA, 2021, s. 6 (10) (c)
Order #001 from Inspection #2024-1013-0002 related to FLTCA, 2021, s. 6 (4) (b)
Order #005 from Inspection #2024-1013-0002 related to O. Reg. 246/22, s. 57 (2)
Order #006 from Inspection #2024-1013-0002 related to O. Reg. 246/22, s. 61 (4)
Order #007 from Inspection #2024-1013-0002 related to O. Reg. 246/22, s. 61 (5)
Order #009 from Inspection #2024-1013-0002 related to O. Reg. 246/22, s. 19

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #008 from Inspection #2024-1013-0002 related to FLTCA, 2021, s. 6 (5)
Order #004 from Inspection #2024-1013-0002 related to O. Reg. 246/22, s. 57 (1) 4.

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Palliative Care
Pain Management
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments, care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (b)
Plan of care
s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

A Critical Incident was submitted to the Director concerning abuse of resident #003 by resident #001. The Physician orders stated that resident #001 was to have a specified intervention. Resident #001 did not have the specified intervention on a number of days, due to staff unavailability. Resident #001 abused resident #003 on those specific dates. The Acting Director of Care (DOC) confirmed that the home failed to provide the specified intervention as ordered for resident #001.

Sources: CIR, clinical records, and interview with the Acting DOC.

WRITTEN NOTIFICATION: Development of initial plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (6)
Plan of care
s. 6 (6) When a resident is admitted to a long-term care home, the licensee shall, within the times provided for in the regulations, ensure that the resident is assessed and an initial plan of care developed based on that assessment and on the assessment, reassessments and information provided by the placement co-ordinator under section 51.

A Critical Incident Report (CIR) was submitted to the Director concerning abuse of resident #002 by resident #001. Resident #001 was admitted to the home on a specific date. Prior to the admission, the Ontario at Home placement co-ordinator did an assessment of resident #001, who was found to have specific behaviors present. The home did not have a focus in the care plan for the potential of these behaviors which resulted in staff not being made aware of the residents tendencies. The Acting Director of Care (DOC) confirmed that the home did not have a focus on these specific behaviours in the care plan and should have.

Sources: CIR, clinical records, and interview with the Acting DOC.

WRITTEN NOTIFICATION: Licensee must comply

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)
Conditions of licence
s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The Director of Care (DOC) or designated nurse manager failed to provide the education to all registered staff required as part of condition #1 of CO #004. The education required a specific focus on parameters for the use of medications for managing agitation, medication used for analgesia and differentiating effective pain control from the requirement for sedation.

Sources: CO #004 from inspection 2024-1013-0002, review of CO #004's education provided to registered staff, attendance records for education, interviews with the Acting DOC and interim ED

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
FLTCA, 2021 s. 104 (4) Effective: 2022-04-11, Current - Every licensee shall comply with the conditions to which the license is subject.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the

licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

(A1)
The following non-compliance(s) has been amended: NC #004

WRITTEN NOTIFICATION: Conditions of License

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)
Conditions of licence
s. 104 (4) Every licensee shall comply with the conditions to which the license is subject.

The Director of Care (DOC) or designated nurse manager failed to review resident #003's plan of care daily for 4 weeks to ensure any changes in the resident's care, including but not limited to condition changes, medication changes, care refusals, food and fluid refusals and weight loss or gain, are communicated to the resident's substitute decision maker (SDM) as part of Condition #2 of CO #008.
Documentation of the plan of care was completed on several dates. On a specific date there was documentation that resident #003's SDM was contacted by emails, text and team calls by the Nurse Practitioner (NP) however there was no record of such. The acting DOC, confirmed that there were incomplete daily audits as ordered.

Sources: CO #008 from inspection 2024-1013-0002, review of CO #008's plan of care audits, interview with the Acting DOC

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #002
Related to Written Notification NC #004

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 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).

In accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, April 2022". IPAC Standard, 6.2 The licensee shall make PPE available and accessible to essential visitors, appropriate to their purpose of visitation and level of risk in accordance with evidence-based practices. "Essential visitor" has the same meaning as in the Regulation.

During the inspection, it was observed that two essential visitors were not wearing appropriate Personal Protective Equipment (PPE) as indicated by signage in a resident's room. One Essential Visitor indicated there were no yellow gowns in the PPE drawer to be utilized. RPN #102 and IPAC Lead #103 confirmed that staff have access to PPE and all staff are responsible to restock the PPE drawer so that all essential visitors can utilize the proper PPE.

Sources: Observations, interviews with RPN #102 and IPAC Lead #103

(A1)

The following non-compliance(s) has been amended: NC #006

COMPLIANCE ORDER CO #001 Duty to protect

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1.The licensee will design and provide virtual education to all registered nursing staff (including agency) and all management, on FLTCA, 2021 s. 24 (1) duty to protect as per the legislative requirements.

2.Retain documentation of the virtual education provided, including the name of the education provider, dates, names and signatures of all registered staff (including agency) and all management. Provide to the inspector upon request.

Grounds

1.The licensee has failed to protect resident #002 from abuse by resident #001.

A Critical Incident was submitted to the Director concerning abuse of resident #002 by resident #001. Resident #001 was admitted to the home on a specific date. Prior to admission, the Ontario at Home placement coordinator did an assessment of resident #001, who was found to have certain behaviors present. The Acting DOC

confirmed that the home failed to protect resident #002 from abuse by resident #001.

The ongoing inaction of the staff and managers put the resident's health, safety, and well-being at risk.

Sources: CIR, resident #001's RAI report, resident #001's careplan and progress notes, and interview with the Acting DOC.

2.The licensee has failed to protect resident #003 from abuse by resident #001.

A Critical Incident was submitted to the Director concerning abuse of resident #003 by resident #001. Resident #001 was admitted to the home on a specific date. Prior to the admission, the Ontario at Home placement co-ordinator did an assessment of resident #001, who was found to have certain behaviors present. The Acting DOC confirmed that the home failed to protect resident #003 from abuse by resident #001.

The ongoing inaction of the staff and managers put resident #003's health, safety, and well-being at risk.

Sources: CIR, clinical records, and interview with the Acting DOC.

This order must be complied with by June 9, 2025

(A1)
The following non-compliance(s) has been amended: NC #007

COMPLIANCE ORDER CO #002 Responsive behaviours

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. The licensee will provide virtual education to the Behavioural Support Ontario (BSO) Lead RPN and the registered staff (including agency) on how to complete the Dementia Observation System (DOS) worksheet to include the background, how to complete the data collection sheet, analysis and planning, contributing factors and next steps.

2. Retain documentation of the in virtual education provided, including the name of the education provider, dates, names and signatures of the BSO Lead RPN, and all registered staff (including agency). Provide to the inspector upon request.

Grounds

1.The licensee failed to provide a comprehensive assessment of the Dementia Observation System for resident #001 which finished on March 20, 2025.

A Critical Incident was submitted to the Director concerning alleged abuse of resident #002 by resident #001. During a review of the resident's clinical records, a Dementia Observation System (DOS) was initiated, and completed a number of days later. The portion that required analysis and patterning identification was not completed. The

Acting DOC confirmed that the results of the DOS was to be evaluated and as a result necessary changes to the resident's care needs were to be made.

Failure to complete a comprehensive assessment of the DOS, limited the creation of appropriate interventions for resident #001.

Sources: Resident #001's clinical records and interview with the Acting DOC.

2.The licensee has failed to provide a comprehensive assessment of the Dementia Observation System for resident #001 which finished on a specific date.

A Critical Incident was submitted to the Director concerning alleged abuse of resident #003 by resident #001. During a review of the resident #001's clinical records, a Dementia Observation System (DOS) initiated on a specific date and was subsequently completed. The portion that required analysis and patterning identification was not completed. The Acting DOC confirmed that the results of the DOS was to be evaluated and as a result, necessary changes to the resident's care needs were to be made.

Failure to complete a comprehensive assessment of the DOS, limited the creation of appropriate interventions for resident #001.

Sources: Resident #001's clinical records and interview with the Acting DOC.

This order must be complied with by June 9, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.