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

Public Report

Report Issue Date: January 20, 2026
Inspection Number: 2026-1013-0001
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): January 5- 9, 13, 14, 16, 20, 2026
The inspection occurred offsite on the following date(s): January 15, 19, 2026

The following intake(s) were inspected:
- Three (3) intakes related to alleged neglect of a resident.
- Two (2) intakes related to written complaints

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

Prevention of Abuse and Neglect

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: O. Reg. 246/22, s. 108 (1) 3.

Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,
ii. an explanation of,
A. what the licensee has done to resolve the complaint, or
B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

A Registered Nurse (RN)'s did not receive a response, after submitting a written complaint. The RN received a formal response during the onsite inspection, when the Inspector inquired.

Sources: Critical Incident Report (CIR) and the written complaint records.

Date Remedy Implemented: January 6, 2026

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A resident's written plan of care directed staff to monitor toenails and feet daily and complete a weekly full assessment. These interventions were added following a written complaint about unmanaged nail care. A review of the clinical record showed no evidence that the required assessments were completed.

Sources: CIR, the resident's clinical records and interview with staff.

WRITTEN NOTIFICATION: Documentation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

1. Documentation for a resident did not show if or when nail care was provided. The Long-Term Care Home had received a complaint that the resident's toenails were unmanaged. As per the licensee's policy the resident's specific diagnosis, required nail care to be completed by registered nurses.

A review of the resident's clinical records did not indicate that registered nurses provided foot care between a specific a time period.

Additionally, Personal Support Workers are unable to document when or if nail care was completed.

Sources: CIR, residents clinical records, and interview with staff.

2. A resident's provision of care, as outlined in their plan of care, was not consistently documented. The resident reported not receiving a meal on a specific date. Record review identified six missed meal documentation entries after the concern was raised. Additional missing Point of Care documentation from the PSW team was also noted.

Sources: CIR, a resident's clinical records and interview with staff.

WRITTEN NOTIFICATION: Foot care and nail care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 39 (1)
Foot care and nail care
s. 39 (1) Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection.

The Long-Term Care home did not ensure that a resident received preventive foot care services, including toenail cutting, to maintain comfort and prevent infection. The resident's power of attorney notified a registered Nurse and management of the poor condition of the resident's toenails. The RN indicated that the resident required the use of a Dremel tool, which was not available through in house services. The resident did not receive foot care for a specific period of time.

Sources: CIRs, a resident's clinical records and interview with staff.

WRITTEN NOTIFICATION: Social work and social services work

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 68
Social work and social services work
s. 68. Every licensee of a long-term care home shall ensure that there is a written description of the social work and social services work provided in the home and that the work meets the residents' needs.

A resident did not receive social services in a timely manner, as required by the licensee's policy, following an alleged incident of neglect.

Sources: CIR, the residents clinical records, Registered Social Work/Social Service Worker Referral & Assessment, Policy and Procedure and interviews with staff.

WRITTEN NOTIFICATION: Administration of drugs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (1)
Administration of drugs
s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

1. A resident had a routine medication order with clear direction of a maximum dose within a 24 hour period. On a specific day, a resident received additional doses pro re nata (PRN). This resulted in a total administration exceeding the maximum limit and

without an appropriate prescription.

Sources: A resident's clinical health records.

2. A resident was receiving a medicated therapy without an prescription order for 88 days without a prescription.

Sources: CIR, and the resident's clinical records.

COMPLIANCE ORDER CO #001 Administration of drugs

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 140 (3) (b) (ii)
Administration of drugs
s. 140 (3) Subject to subsections (4) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless,
(b) where the administration does not involve the performance of a controlled act under subsection 27 (2) of the Regulated Health Professions Act, 1991, the person is,
(ii) a personal support worker who has received training in the administration of drugs in accordance with written policies and protocols developed under subsection 123 (2), who, in the reasonable opinion of the licensee, has the appropriate skills, knowledge and experience to administer drugs in a long-term care home, who has been assigned to perform the administration by a member of the registered nursing staff of the long-term care home and is under the supervision of that member in accordance with any practice standards and guidelines issued by the College of Nurses of Ontario, and who,
(A) meets the requirements set out in subsection 52 (1) or who is described in subsection 52 (2), or
(B) is an internationally trained nurse who is working as a personal support worker. O. Reg. 66/23, s. 28 (1). Or

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

The licensee must:

1. Ensure that all administration of medicated topical creams is assigned to a Registered Nurse or another individual authorized under O. Reg. 246/22, s. 140

(Administration of Drugs).
2. Maintain documentation identifying which residents had medicated topical creams reassigned, and ensure these records are available for the Inspector to review.

Grounds

A resident had an order for a topical pain reliever “apply to affected area twice daily". Personal Support Workers (PSWs) were assigned to apply medicated creams according to the PSW care records. There were inconsistencies noted in the PSW documentation, including blank entries, “yes” responses, and several “no” responses.

In the electronic medication administration record, the Registered Nurses, documented “PSW applied” every day. This was inconsistent with the PSW charting.

The Director of Care (DOC) indicated that the implementation of the PSW medication administration program was still pending.

The Inspector requested documentation of education provided to the PSWs who had been administering medicated treatments to the residents over the past two years. The home was unable to produce any records for the Inspector’s review.

There was a risk of harm to residents when medication was administered by individuals who are not qualified, trained, or authorized to do so.

Sources: the resident's clinical records, and Medication Assistance Program Policy.

This order must be complied with by March 6, 2026

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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.