

**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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**Public Copy/Copie du rapport public**

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| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>No de registre</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|-----------------------------------|--|
| Mar 14, 2022                                   | 2021_523461_0005                              | 016908-21, 018866-21              | Complaint  |

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**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

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**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

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

CRISTINA MONTOYA (461)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): On-site: December 13-17, 20-22, 2021; Off-site: December 23, 2021, January 25 and 27, 2022.**

**The following logs were inspected:**

- Log # 018866-21 for a fall with injury, skin and wound care, and pain management.**
- Log # 016908-21 for a fall with injury.**

**This inspection was concurrently conducted with Critical Incident System inspection # 2021\_523461\_0004 / 018732-21**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Registered Dietitian (RD), Physiotherapist (PT), Physiotherapist Assistant (PTA), Personal Support Workers (PSW), Environmental Services Manager, Care Support Assistants (CSA), Substitute Decision Makers (SDM), and residents.**

**The Inspector also reviewed the licensee's internal records and investigation, resident health care records, applicable policies, audits and education records, observed the delivery of resident care and services, including staff to resident interactions. Infection Prevention and Control practices in the home were also observed.**

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

**Falls Prevention  
Infection Prevention and Control  
Pain  
Personal Support Services  
Skin and Wound Care**

**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)**

| <b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Légende</p> <p>WN – Avis écrit<br/>VPC – Plan de redressement volontaire<br/>DR – Aiguillage au directeur<br/>CO – Ordre de conformité<br/>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> |

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the internal falls prevention policy was complied with.

According to LTCHA, 2007. O. Reg. 79/10, r. 48 (1) the falls prevention and management program is a required organized program in the home.

A review of the internal falls prevention and management policy directed the team members that when a fall occurs, all team members will ensure the resident is not moved before the completion of a preliminary assessment and instruct one team member to remove visitors and other residents from the immediate area. The nurse will complete a post falls assessment and head injury assessment as required.

A critical incident report was submitted to the Director related to an injury sustained by resident #001 after a fall, which resulted in a change in their health status.

A review of resident #001's electronic health records identified that Registered Nurse (RN) #111 did not complete a post-fall assessment when the resident fell on a specified date. A post-fall huddle with the staff was not conducted after the fall.

The DOC confirmed that a post-fall assessment had not been completed for resident #001, and the registered staff did not follow the home's falls prevention policy when resident #001 sustained a fall.

Failure to comply with the home's falls prevention program; placed the resident at risk of actual harm.

Sources: Resident #001's electronic health records, critical incident report, internal Falls Prevention and Management policy, and interviews with DA #110, PSWs, RN #111 and the Director of Care.

2. A critical incident report was submitted to the Director related to an injury sustained by resident #003 after a fall, which resulted in a change in their health status.

Dietary Aide (DA) #114 and RN #112 did not follow the internal policy related to transferring the resident after sustaining a fall. The DOC indicated that the staff members involved in the resident's fall assessment did not follow the home's fall prevention policy.

Failure to comply with the home's falls prevention program; placed the resident at increased risk of harm.

Sources: Resident #003's electronic health records, critical incident report, internal Falls Prevention and Management policy, interviews with DA #114, RN #112 and the Director of Care.

***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 to ensure that a falls prevention and management program are developed and implemented in the home, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
  - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
  - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
  - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure resident #001, who was exhibiting altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff.

Review of the internal skin and wound care management policy indicated that the nurses were to complete weekly electronic skin & wound assessments.

A review of resident #001's electronic skin and wound assessments identified that the registered staff did not complete weekly skin assessments on the resident's areas of altered skin. RN #105, ADOC #115 and DOC indicated the expectation in the home was for skin assessments to be completed on a weekly basis for each area of altered skin integrity.

By not ensuring skin assessments were completed weekly, resident #001 was placed at risk of actual harm as each area of altered skin integrity worsened.

Sources: resident #001's electronic health records; Medication Administration Records (MAR) and Treatment Administration Records (TAR); interviews with RN #105, ADOC #115, and the Director of Care.

***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 to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

**Specifically failed to comply with the following:**

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that when resident #001's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Review of the home's pain and symptom management policy, indicated that the nurse will screen for the presence of pain and complete a pain assessment electronically when a resident reports or exhibits signs and symptoms of pain, following implementation of pharmacological and/or non-pharmacological interventions.

The Director received a multifaceted complaint from resident #001's Substitute Decision Maker (SDM), including improper pain management.

Review of resident #001's electronic health records indicated that the registered staff did not complete a pain assessment when resident #001 complained of pain or new pharmaceutical changes were made on specified dates.

The DOC indicated that the registered staff did not complete a pain assessment when the resident expressed a new pain and did not follow the directions listed within the home's pain and symptom management policy when resident #001 complained of pain.

Failure to complete a pain assessment by a clinically appropriate assessment instrument placed the resident at risk of actual harm and delay in treatment to manage their pain.

Sources: resident #001's electronic health records; Medication Administration Records (MAR), interviews with RN #111, PSWs #118 and 119, ADOC #115, and the Director of Care.

***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 to ensure when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.***



**Issued on this 15th day of March, 2022**

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

**Original report signed by the inspector.**