



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Melissa Chisholm	Inspector ID # 188
Log #:	S-00728, S-00258	
Inspection Report #:	2011_188_9553_25Feb151439	
Type of Inspection:	Complaint	
Date of Inspection:	February 28 th , March 1 st , 2 nd , 2011	
Licensee:	Manitoulin Centennial Manor Home for the Aged Board of Management, 70 Robinson Street, Postal Bag 460, Little Current, ON, P0P 1K0, Fax: 705-368-2694	
LTC Home:	Manitoulin Centennial Manor Home for the Aged, 70 Robinson Street, Postal Bag 460, Little Current, ON, P0P 1K0, Fax: 705-368-2694	
Name of Administrator:	Carol McIlveen	

To Manitoulin Centennial Manor Home for the Aged Board of Management, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg. 79/10, s. 131(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.			
Order: The licensee shall not administer any drug to a resident, unless that drug has been prescribed for them.			
Grounds: 1. Inspector reviewed the health care record including physician orders and medication administration records (MAR) for a resident. The inspector noted this resident had a medical directive for 48 hours. The resident continued to receive this medication after the medical directive was discontinued. This was indicated by signatures in the MAR for the discontinued drug. The licensee has failed to ensure that no drug is administered to a resident unless the drug has been prescribed for the resident.			
This order must be complied with by:			Immediately



REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order 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 or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

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

Issued on this day of , 2011.
Signature of Inspector: [Handwritten Signature]
Name of Inspector: Melissa Chisholm
Service Area Office: Sudbury



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Sudbury Service Area Office
159 Cedar Street, Suite 603
Sudbury ON P3E 6A5

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
Sudbury ON P3E 6A5

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 705-564-3130
Facsimile: 705-564-3133

Téléphone: 705-564-3130
Télécopieur: 705-564-3133

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Dates of inspection/Date de l'inspection February 28 th , March 1 st , 2 nd , 2011	Inspection No/ d'inspection 2011_188_9553_25Feb151439	Type of Inspection/Genre d'inspection Complaint S-00728 & S-00258
Licensee/Titulaire Manitoulin Centennial Manor Home for the Aged Board of Management, 70 Robinson Street, Postal Bag 460, Little Current, ON, P0P 1K0, Fax: 705-368-2694		
Long-Term Care Home/Foyer de soins de longue durée Manitoulin Centennial Manor Home for the Aged, 70 Robinson Street, Postal Bag 460, Little Current, ON, P0P 1K0, Fax: 705-368-2694		
Name of Inspector(s)/Nom de l'inspecteur(s) Melissa Chisholm #188		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with: the long-term care consultant, the manager of food services, registered nursing staff and personal support workers (PSW).</p> <p>During the course of the inspection, the inspector: conducted a walk-through of all resident home areas and various common areas, observed the residents named in the complaints, observed staff practices and interactions with the residents, reviewed the health care record of the residents named in the complaint and reviewed various policies and procedures.</p> <p>The following Inspection Protocols were used during this inspection: Hospitalization and Death Medication Personal Support Services</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>4 WN 2 VPC 1 CO: CO # 001</p>		

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, s. 131(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.

Findings:

1. Inspector reviewed the health care record including physician orders and medication administration records (MAR) for a resident. The inspector noted this resident had a medical directive for 48 hours. The resident continued to receive this medication after the medical directive was discontinued. This was indicated by signatures in the MAR for the discontinued drug. The licensee has failed to ensure that no drug is administered to a resident unless the drug has been prescribed for the resident.

Inspector ID #: 188

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s.134(a) Every licensee of a long-term care home shall ensure that, a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs.

Findings:

1. The inspector reviewed the health care record for a resident. The inspector noted the resident received a PRN medication on three occasions with no documentation to indicate the resident's response and the effectiveness of this PRN medication. The licensee has failed to ensure when a resident is taking any drug the resident's response and effectiveness of the drug is monitored and documented.

Inspector ID #: 188

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 all residents who receive drugs are monitored and the effectiveness of the drug is documented, to be implemented voluntarily.



WN #3: The Licensee has failed to comply with O.Reg. 79/10, s. 229(10)1 The licensee shall ensure that the following immunization and screening measures are in place: 1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

Findings:

- 1. Inspector reviewed the health care record for a resident. Inspector noted that this resident was admitted to the home in August 2010. This resident received tuberculosis screening (TB Step 1) in November 2010. This is outside of the 14 day screening period. The licensee failed to ensure this resident was screened for tuberculosis within 14 days of admission.

Inspector ID #: 188

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.24(9) The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when, a) the resident's care needs change, b) the care set out in the plan is no longer necessary; or c) the care set out in the plan has not been effective.

Findings:

- 1. Inspector reviewed the plan of care for a resident. The inspector noted that this resident experienced a change in condition a few days after being admitted to the home. The inspector noted this resident's condition continued to change as the resident's care needs increased. The resident was not reassessed following a change in the resident's care needs. The licensee failed to ensure this resident was reassessed and the care plan was reviewed and revised when the resident's care needs changed.
2. The plan of care for this resident to manage the care needs was ineffective as the resident continued to complain of symptoms following interventions. The resident's POA contacted the physician and requested further assessment. The resident required hospitalization for treatment. The licensee failed to ensure that this resident was reassessed and the plan of care reviewed when the care needs changed and the care set out in the plan of care had not been effective.

Inspector ID #: 188

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 all residents who experience a change in condition are reassessed and there care plan reviewed, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

Title: Date:

Date of Report: (if different from date(s) of inspection).