

**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**Sudbury Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 15, 2021	2021_864627_0016	001283-21	Critical Incident System

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**Licensee/Titulaire de permis**The Board of Management for the District of Manitoulin  
70 Robinson Street Postal Bag 460 Little Current ON P0P 1K0**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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SYLVIE BYRNES (627)

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

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): June 7-11, 2021.**

**- One intake related to falls was inspected during this Critical Incident System inspection.**

**During the course of the inspection, the inspector(s) spoke with the Interim Administrator, the Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Maintenance staff, Housekeeping staff and residents.**

**The Inspector conducted daily observations of the provision of care to the residents, staff to resident interactions, observed infection prevention and control (IPAC) practices, cooling and air temperature requirements, reviewed relevant health care records, relevant policies and procedures.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Safe and Secure Home**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set in the plan of care was provided to the resident as specified in the plan.

A resident had a fall that resulted in an injury. A specific device was required for the resident to help prevent falls. An RN confirmed that the specific device was not in place when the resident had their fall.

Sources: Interview with an RN, critical incident report, the resident's care plan, a resident's assessment- V5, home's policy titled "Plan of Care". [s. 6. (7)]

***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 the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there was in place a hand hygiene program in accordance with evidence-based practices.

COVID-19 guidance document for long-term care homes in Ontario directed homes to apply the “Just Clean Your Hands Implementation Guide; Ontario’s step-by-step guide to implementing a hand hygiene program in your long-term care home” as part of their Infection Prevention and Control (IPAC) program. The guide directed staff in long term-care homes to “Clean residents’ hands before and after meals or snacks, too”.

The Inspector observed three meal services on two separate dates. The residents were not assisted with hand hygiene, before and after their meal.

The DOC stated that a program regarding hand hygiene for residents had not yet been implemented in the home.

Sources: JCYH LTCH implementation guide, observations of three meal services, interviews with DOC, a PSW and RN. [s. 229. (9)]

***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 there is a hand-hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature  
Specifically failed to comply with the following:**

**s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the temperatures required to be measured under subsection (2) were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The maintenance staff member acknowledged that the temperatures were monitored; however, they were not documented.

Sources: Interview with a maintenance staff member and Director of Care (DOC). [s. 21. (3)]

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**Issued on this 16th day of June, 2021**

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

**Original report signed by the inspector.**