

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Original Public Report

**Report Issue Date:** October 17, 2024

**Inspection Number:** 2024-1569-0002

**Inspection Type:**

Critical Incident

**Licensee:** The Board of Management for the District of Manitoulin

**Long Term Care Home and City:** Manitoulin Centennial Manor Home for the Aged, Little Current

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 17-20, 24, 2024.

Two intakes were inspected related to allegations of resident abuse.

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

Infection Prevention and Control  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that the Administrator immediately reported allegations of abuse of a resident to the Director.

**Rationale and Summary**

The Administrator became aware of allegations of abuse of a resident by a staff member, which they reported to the Director a day late.

The home's failure to ensure the Administrator immediately reported the allegations of abuse to the Director presented no risk to the resident.

**Sources:** The home's policy titled "Zero Tolerance of Abuse and Neglect: Response and Reporting" last reviewed February 2024, a CI report, interview with the Administrator.

**WRITTEN NOTIFICATION: Doors in a home**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following

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rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that non-residential areas were kept closed and locked when they were not being supervised by staff.

**Rationale and Summary**

Staff admitted that doors to non-residential areas were left unlocked, open and unsupervised during the nightshift.

The home's failure to ensure that non-residential areas were kept closed and locked presented moderate risk to residents.

**Sources:** The home's policy titled "Door Surveillance and Secure Outdoor Areas" last reviewed January 2022, interview with a staff member.

**COMPLIANCE ORDER CO #001 Plan of care**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 6 (10) (c)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(c) care set out in the plan has not been effective.

**The inspector is ordering the licensee to comply with a Compliance Order**

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**[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- a) Conduct a review of a resident's interventions to ensure they are effective.
- b) Audit the resident's interventions weekly for four weeks or longer if continued concerns are identified and take corrective action to ensure they are effective.
- c) Maintain a written record of everything required under sections (a) and (b).

**Grounds**

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when the care set out in the plan had not been effective.

- a) A resident was found in another resident's room behaving inappropriately.

The resident's plan of care indicated that they required interventions to alert staff of the possible behaviour.

Staff described how the resident was known to bypass their interventions whenever they wanted and the intervention was not effective.

The home's Infection Prevention and Control (IPAC) lead acknowledged that the resident was able to bypass the interventions.

- b) After the incident where the resident was found behaving inappropriately, the home updated the resident's plan of care a new intervention.

Staff described how the resident continued to be able to bypass the intervention.

The home's failure to ensure the resident was reassessed and the plan of care reviewed and revised when the interventions the home implemented were known

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to be ineffective presented significant risk to a resident.

**Sources:** The home's policy titled "Plan of care" last updated November 2023, a resident's plan of care report and health care records, a CI report, Inspector's observations, interviews with the IPAC lead and other staff.

**This order must be complied with by** November 29, 2024

## **COMPLIANCE ORDER CO #002 Duty to protect**

NC #004 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)]:**

The licensee shall:

- a) Provide retraining to the home's management staff on, the home's abuse policies, including but not limited to, the definition of abuse and what steps they are required to take to protect the resident when allegations of abuse are reported to them.
- b) Develop and implement a process to ensure that leadership clearly communicates to nursing staff anyone not permitted in the home.
- c) Educate nursing staff on the new process.
- d) Maintain a written record of everything required under sections (a), (b) and (c).

**Grounds**

The licensee has failed to ensure that a resident was protected from abuse.

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a) The Director of Care (DOC) became aware of potential abuse of a resident by a staff member. The allegations were not investigated and was not reported to the Director.

b) Later, new allegations of abuse of the resident by the staff member were reported to the Administrator.

The Administrator did not advise the staff member that there had been a report of abuse of the resident, or that they would be removed from the work schedule pending investigation.

c) The staff member was unaware of the allegations of abuse or that they were not permitted in the home, pending an investigation, until the Administrator advised them multiple days after the Administrator was made aware of the allegations.

During the Administrator's lag in notifying the staff member, they continued to interact with the resident.

**Sources:** A resident's progress notes, messages to the Administrator, meeting minutes, the home's policy titled "Zero Tolerance of Abuse and Neglect: Investigation and Consequences" last reviewed November 2023, interview with the Administrator.

**This order must be complied with by** December 13, 2024

**COMPLIANCE ORDER CO #003 Policy to promote zero tolerance**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

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

The licensee shall:

- a) Provide retraining to a Registered Nurse (RN) on the home's abuse policies, including but not limited to, when police and Substitute Decision-Makers (SDMs) are to be notified of allegations of potential abuse of a resident as well as what actions they are to take if unable to reach the manager on-call.
- b) Provide retraining to two PSWs on the home's abuse policies, including but not limited to, what actions they need to take if they discover an incident of potential abuse of a resident.
- c) Provide retraining to the Administrator on the home's abuse policies, including but not limited to, when police are to be notified of allegations of abuse.
- d) Maintain a written record of everything required under sections (a), (b) and (c).

**Grounds**

1) The licensee has failed to ensure that an RN complied with the home's zero tolerance of abuse and neglect of residents policy.

a) An RN was present and working at the time of an incident of potential abuse and did not immediately call the police.

The Administrator verified that the police should have been immediately contacted

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about the resident's potential abuse.

**Sources:** A CI report, the home's policy titled "Zero Tolerance of Abuse and Neglect: Investigation and Consequences" last reviewed November 2023, interviews with the Administrator and other staff.

b) The licensee has failed to ensure that an RN complied with the home's zero tolerance of abuse and neglect of residents policy.

An RN was present and working at the time of an incident of potential abuse and did not immediately call the resident's SDM.

The Administrator verified that the resident's SDM should have been immediately notified of the home becoming aware of the incident.

**Sources:** A CI report, the home's policy titled "Zero Tolerance of Abuse and Neglect: Response and Reporting" last reviewed February 2024, interviews with the Administrator and other staff.

c) The licensee has failed to ensure that two PSWs complied with the home's zero tolerance of abuse and neglect of residents policy.

Two PSWs became aware of potential abuse of a resident and did not follow the home's process.

**Sources:** A CI report, the home's policy titled "Zero Tolerance of Abuse and Neglect: Response and Reporting" last reviewed February 2024, interviews with the Administrator and other staff.



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2) The licensee has failed to ensure that the Administrator complied with the home's written policy to promote zero tolerance of abuse and neglect of residents.

The Administrator was notified of allegations of abuse of a resident, which the home's policy required immediate notification of the police.

The Administrator did not formally notify the police of the allegations of abuse.

The home's failure to ensure that the police were notified of the allegations of abuse the resident presented moderate risk to the resident.

**Sources:** The home's policy titled "Zero Tolerance of Abuse and Neglect: Investigation and Consequences" last reviewed November 2023, interview with the Administrator.

**This order must be complied with by** November 29, 2024

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## 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).