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

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

Public Report

Report Issue Date: April 15, 2025
Inspection Number: 2025-1569-0003
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): April 8- 10, 2025.
The inspection occurred offsite on the following date(s): April 11, 2025.

The following intake(s) were inspected:

- One intake related to abuse of a resident by a staff member.

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

Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting Certain Matters to the Director

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
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:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a person who had reasonable grounds to suspect that improper or incompetent treatment of a resident, that resulted in risk of harm to the resident had occurred, immediately reported the information upon which it is based to the Director, when a staff member reported to a registered staff member that they had witnessed improper/incompetent care of a resident during the prior shift.

Sources: Interview with a PSW; record review of home's investigation notes.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that actions were taken when a resident demonstrated responsive behaviours, including assessments, reassessments, intervention and the responses to interventions were documented.

Multiple staff members reported that a resident engaged in a specific responsive

behaviour, which had been reported to registered staff and management. The responsive behaviour was not assessed, no interventions were developed, and the resident's care plan was not updated to reflect the resident's responsive behaviour.

Sources: Interviews with PSWs, an RN and the DOC; record review of a resident's care plan, home's policy titled, "Responsive Behaviours".

WRITTEN NOTIFICATION: Prohibited Devices That Limit Movement

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 121 7.
Prohibited devices that limit movement
s. 121. For the purposes of section 38 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose.

The licensee has failed to ensure that a resident was not restrained using sheets, wraps, tensors or other types of strips or bandages when a staff member applied a prohibited restraint to a resident to limit their movements.

Sources: Critical incident system report, interview with a PSW.

COMPLIANCE ORDER CO #001 Licensee must investigate, respond and act

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 27 (1) (a)
Licensee must investigate, respond and act
s. 27 (1) Every licensee of a long-term care home shall ensure that,
(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
(i) abuse of a resident by anyone,

(ii) neglect of a resident by the licensee or staff, or
(iii) anything else provided for in the regulations;

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

(1) Re-educate two staff members on the home's prevention of abuse and neglect policy. This must include a review of the staff roles and responsibilities for investigating and responding to alleged, suspected, and witnessed incidents of abuse and neglect.
(2) A record of the education provided must be kept in the home. The record must include all materials reviewed, the date(s) the education was provided and completed, the name(s) of the person(s) who provided the education.

Grounds

The licensee has failed to ensure that allegations of physical and verbal abuse of residents by a PSW were immediately investigated as per the requirements outlined in the home's prevention and abuse policy.

Sources: interviews with PSWs, an RN and the DOC; record review of investigation notes and home’s policy titled, “Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences”.

This order must be complied with by May 30, 2025

COMPLIANCE ORDER CO #002 Additional Training — Direct Care Staff

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 261 (1) 5.
Additional training — direct care staff
s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.

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

a) Provide re-training on the use of restraints and PASDs to 11 specific staff members and any other staff members who have not completed the required training on restraints and PASDs for 2024;
b) Develop and implement a process for the home to ensure that all yearly education required by staff in the home is assigned and completed yearly; and,
c) Maintain a written record of everything required under sections a and b, identifying who will be responsible to ensure that all yearly education required by staff in the home is assigned and completed yearly.

Grounds

The licensee has failed to ensure that all staff who provided direct care to residents received additional training, specifically related to minimizing of restraints and that such training was conducted annually.

Pursuant to paragraph 6 of subsection 82 (7) of the FLTCA, the licensee is required to ensure that all staff who provide direct care to residents receive training in any other

areas provided for in the regulations.

As per O. Reg 246/22 s. 261 (1) 5, the licensee is required to ensure that all direct care staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.

It was identified that a number of staff members had not completed mandatory yearly training in the application, use and potential dangers of these physical devices.

Sources: a CIS report, Surge - Required Completion grid Report, and interview with DOC.

This order must be complied with by May 30, 2025

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.