

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: May 14, 2025

Inspection Number: 2025-1569-0004

Inspection Type:

Proactive Compliance Inspection

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): May 5 - 9, and 12- 14, 2025.

The following intake was inspected:

- One intake related to a Proactive Compliance Inspection.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices

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Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to comply with the home's Nutritional Care and Hydration Program, when the home did not complete the record of the food temperatures on four occasions.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies were developed for the nutritional care and hydration program and that they were complied with.

Specifically, the staff did not comply with the home's policy titled "Temperatures of Food and Point of Service", which indicated that staff were to take the holding temperature of foods just before serving.

Sources: Review of the Point of Service Food Temperature Records, review of the home's policy, titled "Temperatures of Food and Point of Service", interview with a Dietary Aide (DA) and the Dietary Manager.

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WRITTEN NOTIFICATION: Dietary and Snack Service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

The licensee has failed to ensure the lunch meal service was served course by course to residents, when on a specific date, a resident was observed with two courses served at the same time.

Sources: Review of a resident's clinical records and the home's policy titled "Meal Service and Dining Experience"; interview with a resident and the Dietary Manager.

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2)

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

1. The home's Administrator.
2. The home's Director of Nursing and Personal Care.
3. The home's Medical Director.
4. Every designated lead of the home.
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider

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is a corporation, a pharmacist from the pharmacy service provider.

7. At least one employee of the licensee who is a member of the regular nursing staff of the home.

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

9. One member of the home's Residents' Council.

10. One member of the home's Family Council, if any.

The licensee has failed to ensure that the continuous quality improvement (CQI) committee, established in the home, included the home's Medical Director, the home's dietitian, Pharmacist, a registered nursing staff, a personal support worker and a member of the Resident Council. It was determined that only the management team took part in the CQI committee.

Sources: Interview with Administrator, Quality Improvement report.

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 1.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

1. The name and position of the designated lead for the continuous quality improvement initiative.

The licensee has failed to ensure that the continuous quality improvement report included the name and position of the designated lead for the continuous quality improvement initiative.

Sources: Interview with Administrator, Quality Improvement Plan.

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