



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 2, 2014	2014_246196_0011	S-000262-14	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

NIPIGON DISTRICT MEMORIAL HOSPITAL  
125 HOGAN ROAD NIPIGON ON P0T 2J0

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### **Long-Term Care Home/Foyer de soins de longue durée**

NIPIGON DISTRICT MEMORIAL HOSPITAL  
125 HOGAN ROAD P O BOX 37 NIPIGON ON P0T 2J0

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### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

LAUREN TENHUNEN (196), KARI WEAVER (534)

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

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): June 23, 24, 25, 26, 27, July 2, 3, 4, 2014**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Patient Services/Chief Nursing Officer, Registered Practical Nurses (RPN), Personal Support Workers (PSW), Activity Coordinator, Dietary Manager, Maintenance Manager, Dietary Cook, Dietary Aides, Laundry Lead, Residents and Family members.**

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

**Accommodation Services - Laundry  
Contenance Care and Bowel Management  
Dining Observation  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Reporting and Complaints  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Snack Observation**

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

**6 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>Legendé</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 O.Reg 79/10, s. 51. Continence care and bowel management**



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

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(h) residents are provided with a range of continence care products that,  
(i) are based on their individual assessed needs,  
(ii) properly fit the residents,  
(iii) promote resident comfort, ease of use, dignity and good skin integrity,  
(iv) promote continued independence wherever possible, and  
(v) are appropriate for the time of day, and for the individual resident's type of  
incontinence. O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The health care records for resident #018 were reviewed for information regarding continence care requirements. The most recent MDS assessment identified this resident to be occasionally incontinent of bladder, on a scheduled toileting plan and that there has been no changes in urinary continence in the previous ninety days.

An interview was conducted on with staff member #108 and it was reported that the continence products for the long-term care unit consisted of day and night briefs and there were no pads or liners or pull up type briefs available for use by the residents. Staff member #108 confirmed to the inspector that some residents would benefit with an alternate continence care product, specifically a liner type product for resident #018 and #021.

An interview was conducted with staff member #106 accompanied by staff member #107 regarding the continence needs of resident #018. These staff members reported that resident #018 is deemed incontinent as they wear products daily and they have episodes of bladder incontinence yet on some days they are continent. Also reported that resident #018, at one time, wore liners, but these are no longer supplied and currently the resident uses a brief in their underwear. The brief is put in the underwear and left undone as this allows the resident to toilet themselves and staff will assist at times if they are incontinent.

Resident #018 is reported to use a full brief at night and during the day to address urinary incontinence. Staff report that the use of a liner or pull up brief would be beneficial to this resident but these are no longer supplied by the home.



The licensee has failed to ensure that (h) residents are provided with a range of continence care products that, (i) are based on their individual assessed needs. [s. 51. (2) (h) (i)]

2. The health care records for resident #021 were reviewed for information regarding urinary incontinence. The most recent MDS assessment identified this resident to be frequently incontinent of bladder, pads or briefs used, and no change in continence in previous 90 days.

An interview was conducted with staff member #110 and it was reported that resident #021 is assisted to the washroom to void in the morning and toileted throughout the day, wears a brief with underwear to cover as they are mild to moderately incontinent during the day. At night they are toileted before going to bed but incontinent of urine in the brief. Staff member #110 stated that a liner pad would be sufficient for this resident to use during the day, but this product is not available, only briefs are available for resident use.

Staff report that resident #021 would benefit from a liner during the day but this is not available for use within the home as they do not provide them.

The licensee has failed to ensure (h) residents are provided with a range of continence care products that, (i) are based on their individual assessed needs. [s. 51. (2) (h) (i)]

***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 that ensures that residents are provided with a range of continence care products that, are based on their individual assessed needs, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

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

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,**

**(a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).**

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,**

**(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).**

**Findings/Faits saillants :**

1. Inspector #534 observed the provision of lunch to residents of the home on a particular day in June 2014. During this service, the portable steam cart was noted to have food items of various alternate textures, stored and the temperature maintained, in used "Cool Whip" and "Becel" one-time use plastic containers. The inspector spoke with staff member #105 about the safety of using these one-time use containers for storing food on the steam cart. They reported that the containers are only used 1 or 2 times before being discarded, were never used in the microwave to heat food, and are cleaned in the home's dishwasher. It was also reported by staff member #106 that the reason why these containers are used is that they can be easily stacked in the cart since where there are so many different consistencies of the different food items. The inspector inquired about what the manufacturer approved for use containers were within the steam table and noted that the metal containers were currently being used for the larger amounts of food items. Inspector #534 discussed the use of these "one time" use containers with staff member #103 and they stated that "common sense says those one time use containers should not be used to heat food on the steam table" and thinks the proper fitting container made for the steam table should be used.

The licensee failed to ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality. [s. 72. (3) (a)]

2. Inspector #196 observed the lunch service in the common dining room on a particular day in June 2014. Staff member #112 was observed wearing latex gloves while serving soup into bowls. The soups were then served to residents on a tray, gloves remained in

place. Staff member #112 then proceeded to give crackers out of a large package to the residents as desired and place them directly onto the dining table surface and no plates were used for the crackers.

During this same lunch service, staff member #110 was observed at 1213hrs, sitting at a table feeding a resident. This staff member proceeded to take the spoon with white coloured food on it and bring it to their nose to smell and then was noted to ask a co-worker what it was.

The licensee failed to ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (b) prevent adulteration, contamination and food borne illness. [s. 72. (3) (b)]

3. Inspector #534 observed the provision of lunch to residents in the home on a particular day in June 2014. During the lunch service, staff member #101 was noted to scratch their face by the nose and then wipe their hand on the front of their uniform and continue to assemble plates of food for residents and no hand hygiene was performed.

The licensee has failed to shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (b) prevent adulteration, contamination and food borne illness. [s. 72. (3) (b)]

***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 that ensures that all food and fluids in the food production system are prepared, stored, and served using methods to, preserve taste, nutritive value, appearance and food quality and prevent adulteration, contamination and food borne illness, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
  - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. Inspector #534 observed staff #102 administer medications to the residents within the home on a particular day in July 2014. It was noted that during the administration of a medication for resident #026, when the medication was drawn up, the staff member failed to do an independent double check as required by the home's policy on high risk medication use. The policy # "PAT-3-01", entitled "INDEPENDENT DOUBLE CHECKS FOR HIGH RISK MEDICATIONS" was provided to the inspectors by the Director of Patient Services/Chief Nursing Officer. The policy outlines that it is a process where: "a second practitioner conducts an independent verification in the presence or absence of the first practitioner". The independent double check is then completed in the following two steps according to the policy: "The first practitioner must NOT communicate what she/he expects the second practitioner to see. That would create bias and reduce the visibility of an error. The second practitioner must perform the independent double check without any advance knowledge of what findings to expect". Staff member #102 was not observed to complete this step when drawing up and administering the medication to the resident.

The licensee failed to ensure that the plan, policy, protocol, procedure, strategy or system, (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and (b) is complied with. [s. 8. (1)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**





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

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**

1. Inspector #534 was testing the functioning of resident call bells within the home. The call bell for resident #022 was found to be not working when the inspector tested it on a particular day in June 2014. The inspector pushed the button at the end of the call bell to activate to the alarm system and noted that the alarm did not activate. The inspector also noted that the cancel button was cracked on the wall unit at the point of cancellation. Staff member #113 confirmed with the inspector that the call bell did not turn on and was not working when it was tested.

The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that is on at all times. [s. 17. (1) (b)]

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57.  
Powers of Residents' Council**



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

**s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).**

**Findings/Faits saillants :**

1. Inspector #534 conducted an interview with staff member #102 regarding the Residents' Council and whether the home responded in writing within 10 days when any concerns or recommendations were brought forward. Staff member #102 stated that as far as they were aware, no written response was being provided to the council.

The licensee failed to ensure that if the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. [s. 57. (2)]

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**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

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

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

**Findings/Faits saillants :**

1. Inspector #196 conducted an interview with a member of the family council and it was reported that the council had not had any input into the development and carrying out of the satisfaction survey in the home.

The licensee has failed to seek the advice of the Family Council, in developing and carrying out the survey, and in acting on its results. [s. 85. (3)]



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**Issued on this 3rd day of December, 2014**

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

**Original report signed by the inspector.**