Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar Bureau 403
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 22, 2021	2021_624196_0009	002746-21, 002747-21	Follow up

Licensee/Titulaire de permis

Nipigon District Memorial Hospital
125 Hogan Road Nipigon ON P0T 2J0

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

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

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): June 14 - 17, 2021.

The following intakes were inspected upon during this Follow Up Inspection:
-One intake, related to CO#001, from inspection #2021_829757_0002, issued pursuant to O.Reg. 79/10, r. 34. (1), related to oral care; and
-One intake, related to CO#002, from inspection #2021_829757_0002, issued pursuant to O.Reg. 79/10, r. 212. (4), related to the Administrator's qualifications.

During the course of the inspection, the inspector(s) spoke with the Administrator, Nurse Manager (NM), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Infection Prevention and Control (IPAC) Coordinator, Facilities Manager, Nurse Educator/RN and residents.

The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, Infection Prevention and Control (IPAC) practices, observed staff to resident interactions, reviewed relevant resident health care records, policies and procedures, air temperature readings, oral care audit tools and the home's documents referencing the compliance orders.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Safe and Secure Home
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **1 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 212. (4)	CO #002	2021_829757_0002	196
O.Reg 79/10 s. 34. (1)	CO #001	2021_829757_0002	196

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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. (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee has failed to ensure that the outcomes of the oral care set out in the plan of care were documented.

The Point of Care (POC) flow sheets for four residents, specific to oral care, were reviewed. Several dates in the resident flow sheets were missing documentation that would indicate the outcome of the oral care being provided.

The licensee's policy titled, "Oral Care" last revised April 1, 2021, indicated that PSWs were to document in the Mede-Care POC that oral hygiene was performed and by who (staff/resident/family); if additional nurses notes were required; and whether or not the resident had refused the care.

Sources: Interviews with the Nurse Manager, Nurse Educator/RN, and a PSW; review of POC flow sheets for four residents, specific to oral care; review of policy titled, "Oral Care" last revised April 1, 2021; observations of three residents. [s. 6. (9) 1.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence
s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to comply with Compliance Order (CO) #001 from inspection #2021_829757_0002; served on February 11, 2021, with a compliance due date of April 30, 2021.

The licensee was ordered to conduct weekly audits to ensure that oral care was being provided and documented in both the morning and evening. Where gaps in oral care or documentation of the provision of oral care were identified, the home must review the gaps with the responsible PSW(s), take corrective action as needed, and document any action taken as well as the PSW's response. Document the audits and continue auditing until no concerns related to missing oral care or documentation of the provision of oral care was identified for two weeks.

The “Oral Care POC Audit[s]”, were reviewed. The audit tool did not indicate whether twice daily oral care had been provided to those residents that were being audited. In addition, when gaps in documentation had been identified, the corrective action that had been taken and the PSW’s response to the action taken, was not recorded.

Sources: CO #001 from inspection #2021_829757_0002 (A1); Interviews with the Nurse Manager, Nurse Educator/RN, and a PSW; review of POC flow sheets for four residents, specific to oral care; review of audit tool titled, “Oral Care POC Audit”; observations of three residents. [s. 101. (3)]

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 as a condition of of every licence that the licensee shall comply with every order made, to be implemented voluntarily.

Issued on this 24th day of June, 2021

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	LAUREN TENHUNEN (196)
Inspection No. / No de l'inspection :	2021_624196_0009
Log No. / No de registre :	002746-21, 002747-21
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Jun 22, 2021
Licensee / Titulaire de permis :	Nipigon District Memorial Hospital 125 Hogan Road, Nipigon, ON, P0T-2J0
LTC Home / Foyer de SLD :	Nipigon District Memorial Hospital 125 Hogan Road, P.O. Box 37, Nipigon, ON, P0T-2J0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Jacqueline Dorval

To Nipigon District Memorial Hospital, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Order / Ordre :

The licensee must be compliant with s. 6. (9) of the LTCHA.

The licensee shall prepare, submit and implement a plan to ensure that the outcomes of the care set out in the plan of care is documented, specifically related to oral care.

The plan must include, but is not limited to, the following;

- Determine which PSWs require retraining related to the documentation of the outcomes of the oral care;

- Identify those PSWs, the type and content of the retraining involved, including who will be responsible for the retraining, and when it will be completed;

- Indicate the staff member responsible for monitoring that the documentation of the outcomes of the oral care is being completed by the identified PSWs, the frequency of monitoring and how it will be recorded;

- Identify the staff member responsible for implementing an action plan if the outcome of monitoring establishes the retraining has not been effective; and,

- Actions to address sustainability once the home has been successful in ensuring compliance with the documentation of the outcomes of oral care.

Please submit the written plan for achieving compliance for inspection #2021_624196_0009 to Lauren Tenhunen, LTC Homes Inspector, MLTC, by email to SudburySAO.moh@ontario.ca by July 9, 2021.

Please ensure that the submitted written plan does not contain any personal information (PI) or personal health information (PHI).

Grounds / Motifs :

1. The licensee has failed to ensure that the outcomes of the oral care set out in the plan of care were documented.

The Point of Care (POC) flow sheets for four residents, specific to oral care, were reviewed. Several dates in the resident flow sheets, that would indicate oral care was provided, were missing documentation.

The licensee's policy titled, "Oral Care" last revised April 1, 2021, identified that PSWs were to document in the Mede-Care POC that oral hygiene was performed and by who (staff/resident/family); if additional nurses notes were required; and whether or not the resident refused the care.

Sources: Interviews with the Nurse Manager, Nurse Educator/RN, and a PSW; review of POC flow sheets for four residents, specific to oral care; review of policy titled, "Oral Care" last revised April 1, 2021; observations of three residents.

An order was made by taking the following factors into account:

Severity: There was no harm to the four residents that had missing documentation of the outcomes of oral care in the POC flow sheets.

Scope: The scope of this non-compliance was widespread, as four out of four residents reviewed, did not have the outcome of oral care documented consistently, in their POC flow sheets.

Compliance History: One Voluntary Plan of Correction (VPC) had been issued to the home in the previous 36 months, related to this same section of legislation. (196)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 30, 2021

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 22nd day of June, 2021

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Lauren Tenhunen

Service Area Office /
Bureau régional de services : Sudbury Service Area Office