



**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 prévue  
sous *la Loi de 2007 sur les foyers*  
*de soins de longue durée***

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**  
**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
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Bureau régional de services de  
Sudbury  
159 rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 16, 2018	2018_746692_0016	021238-18	Complaint

**Licensee/Titulaire de permis**

1895357 Ontario Inc.  
1202 Highway 94 R.R. #1 Corbeil ON P0H 1K0

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

Nipissing Manor Nursing Care Center  
1202 Highway 94 Box 40 Corbeil ON P0H 1K0

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

SHANNON RUSSELL (692)

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



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): November 5-9, 2018**

**The following intake was inspected upon during this Complaint inspection:**

**- One intake submitted to the Director related to resident care concerns.**

**A Critical Incident System inspection #2018\_746692\_0017 was conducted concurrently with this Complaint inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) family member and residents.**

**The Inspector also conducted a daily tour of the resident care areas, observed the provision of care and services to the residents, observed staff to resident interactions, reviewed relevant health care records, the homes complaint log, as well as reviewed licensee policies, procedures and programs.**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**



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**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.

**Issued on this 20th day of November, 2018**

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



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**Original report signed by the inspector.**