



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

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

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

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

**Health System Accountabilty 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
performance et de la conformité**

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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 4, 2013	2013_139163_0038	S-000401-13	Complaint

Licensee/Titulaire de permis

913096 ONTARIO LIMITED
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

DIANA STENLUND (163)

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 27-29, 2013

The following logs were reviewed as part of this inspection:

S-000399-13

S-000401-13

S-000107-13

S-000208-13

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Life Enrichment Supervisor, Nutrition Manager, registered nursing staff, personal support workers, registered dietitian, dietary staff and residents.

During the course of the inspection, the inspector(s) walked through resident home areas, observed lunch meal service and afternoon snack, reviewed home policies, observed staff to resident care and interactions, and reviewed resident health care records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Dining Observation

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Recreation and Social Activities

Findings of Non-Compliance were found during this inspection.



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. 71. Menu planning

Specifically failed to comply with the following:

- s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,**
- (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).**

Findings/Faits saillants :



1. The inspector observed the provision of snacks on the afternoon of Nov 27/13 and noted inconsistency regarding the selection of food and beverage items available for regular, therapeutic and texture modified diets. Inspector interviewed the nutrition manager (NM) about the food and beverage items being provided on the snack carts. The NM reported that a completed menu cycle for snacks which addresses all textures and diets does not currently exist and that dietary staff will decide on a day-to-day basis what food and beverage items to place on each of the carts.

The registered dietitian (RD) was interviewed about the current menu in place for snacks. The RD confirmed that a snack menu cycle for regular, therapeutic, and texture modified diets does not currently exist for the home. The licensee has not ensured that the home's menu cycle for snacks includes menus for regular, therapeutic and texture modified diets. [s. 71. (1) (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 to ensure that the home's menu cycle for snacks includes menus for regular, therapeutic and texture modified diets, to be implemented voluntarily.



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WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;**
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;**
- (c) identifies measures and strategies to prevent abuse and neglect;**
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and**
- (e) identifies the training and retraining requirements for all staff, including,
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.**

Findings/Faits saillants :



1. The inspector interviewed the Administrator and Director of Care (DOC) regarding an incident of abuse towards resident #107. Inspector reviewed the home's written policy to promote zero tolerance of abuse and neglect of residents. The inspector noted that the home's written policy does not identify the measures and strategies to prevent abuse and neglect of residents. The DOC and Administrator confirmed to the inspector that the home's written policy to promote zero tolerance of abuse and neglect of residents does not include measures and strategies to prevent abuse and neglect. The licensee has not ensured that the home's written policy, under section 20 of the Act, to promote zero tolerance of abuse and neglect of residents, identifies measures and strategies to prevent abuse and neglect. [s. 96. (c)]

2. The inspector interviewed the Administrator and Director of Care (DOC) regarding an incident of abuse towards resident #107. The inspector reviewed the home's written policy to promote zero tolerance of abuse and neglect of residents. The inspector noted that the policy does not identify the training and retraining requirements for all staff, including situations that may lead to abuse and neglect and how to avoid such situations. The DOC and Administrator confirmed to the inspector that the home's written policy to promote zero tolerance of abuse and neglect of residents does not include training and retraining requirements for all staff, including situations that may lead to abuse and neglect of residents and how to avoid such situations. The licensee has not ensured that the home's written policy, under section 20 of the Act, to promote zero tolerance of abuse and neglect of residents, identifies training and retraining requirements for all staff, including situations that may lead to abuse and neglect and how to avoid such situations. [s. 96. (e)]



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Issued on this 5th day of December, 2013

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

Diana Ferlund, #163