

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

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<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>
Jan 25, 2022	2022_895609_0003	016059-21	Complaint

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**Licensee/Titulaire de permis**

North Centennial Manor Inc.  
2 Kimberly Drive Kapuskasing ON P5N 1L5

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

North Centennial Manor  
2 Kimberly Drive Kapuskasing ON P5N 1L5

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

KAREN HILL (704609)

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**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): January 17 - 20, 2022.**

**- one intake, related to a complaint submitted regarding staffing and resident care concerns.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Director of Care/Infection Prevention and Control (IPAC) Lead, the Dietary and Environmental Lead, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), the Infection Prevention and Control (IPAC) Lead, the Porcupine Health Unit, Screeners, Dietary Aide, Physiotherapy Assistant, Housekeeping staff, and residents.**

**The Inspector also conducted walkabouts of resident home areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, observed infection control practices, reviewed relevant health care records, and relevant staffing plans, schedules and training records.**

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

**Infection Prevention and Control**

**Personal Support Services**

**Sufficient Staffing**

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

**1 WN(s)**

**1 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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**

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

**s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:**

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that persons at the home received training in Infection Prevention and Control (IPAC) before performing their responsibilities.

On an identified date, the home was experiencing an Acute Respiratory Illness Outbreak. A staff member who was assigned to residents on contact and droplet precautions, said they had not received IPAC training during their orientation or at any time during their employment.

In accordance with COVID-19 Directive #3, every long term care home was required to ensure that their staff received IPAC training, and before performing their responsibilities.

The home was unable to locate evidence of IPAC training for certain staff members who were working in the home. A review of the IPAC courses assigned to those staff members revealed they had not started their IPAC training at the time of inspection.

The management verified IPAC training was required on orientation, and prior to staff working in the home. They acknowledged that upon investigation the staff members had not in fact received IPAC training before working in the home.

The failure to provide IPAC training in accordance with the LTCHA may have put the residents in the home at risk for transmission of infection.

Sources: COVID-19 Directive #3 for Long-Term Care Homes under the LTCHA, 2007 and issued under Section 77.7 of the HPPA, R.S.O. 1990, c.H.7, effective as of December 24, 2021, review of staff orientation checklists, (last updated November, 2019 and 2020), review of Surge Learning IPAC Education Course Records, (dated January 20, 2022), and interviews with the DOC/IPAC Lead, Human Resources Department, and other staff members. [s. 76. (2) 9.]

***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 no person in the home performs their responsibilities before receiving training in the areas of Infection prevention and control, to be implemented voluntarily.***

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**Issued on this 25th day of January, 2022**

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

**Original report signed by the inspector.**