

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: December 1, 2023	
Inspection Number: 2023-1521-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: North Centennial Manor Inc.	
Long Term Care Home and City: North Centennial Manor, Kapuskasing	
Lead Inspector Amy Geauvreau (642)	Inspector Digital Signature
Additional Inspector(s) Steven Naccarato (744) Michael Chan (000708)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s):</p> <p>October 23-27, 2023.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00099684 - PCI Inspection

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

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Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils
Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10. Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

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O. Reg. 246/22, s. 265 (1) 10.

The licensee has failed to ensure that the current version of the Visitor policy was posted in the home.

Rationale and Summary

During the initial tour of the home, no Visitor policy was observed posted in the home.

On a specific date, the home's Visitor policy was posted by the entrance of the home. The home's failure to post the home's Visitor policy presented minimal risk to residents.

Sources: Inspector's observations; interviews with the Director of Care.

Date Remedy Implemented: October 25, 2023. [744]

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 271 (1) (e)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,

(e) the current report required under subsection 168 (1).

O. Reg. 246/22, s. 271 (1) (e)

The licensee had failed to ensure the continuous quality improvement (CQI) initiative report for the fiscal year was posted to the home's website.

Rationale and Summary

The Inspector reviewed the home's website, to review their CQI report, and there was no CQI report identified or posted.

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After requesting the CQI report from the Administrator and identifying that the report should be posted to their website, the report was posted to the home's website. There was a low-risk impact to the residents.

Sources: Observed Long-term Care Home's (LTCHs) website; interview with staff, Director of Resident Care (DOC), and Administrator.

Date Remedy Implemented: October 26, 2023. [642]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (15) 2.

Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

2. In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.

O. Reg. 246/22, s. 102 (15) 2.

The license has failed to ensure that the home had an Infection Prevention and Control (IPAC) Lead working on site at the home, designating at least 26.25 hours per week in a home, with a licensed bed capacity of more than 69 beds but less than 200 beds.

Rationale and Summary

The Administrator confirmed that the home did not meet the required IPAC lead hours of 26.25 hours per week.

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Failure to ensure that there is an IPAC lead in the home, working the required hours per week, could lead to risks related to safely monitoring residents for infection and outbreaks.

Sources: Interview with the home's staff and management, and documents related to IPAC from the home. [000708]

WRITTEN NOTIFICATION: Evaluation

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 106 (b)

Evaluation

s. 106 (b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences.

O. Reg. 246/22, s. 106 (b).

The licensee has failed to ensure that the yearly evaluation of the zero tolerance of abuse and neglect of residents' policy was completed to determine the effectiveness of the licensee's policy for 2022.

Rationale and Summary

On review of the Long-term Care Home's (LTCHs) policy titled, "Zero Tolerance of Abuse and Neglect," the last reviewed date on the policy was March 2021.

Interview with the DOC, identified that they could not provide the yearly abuse policy evaluation for 2022. The home's failure to complete the yearly evaluation of their abuse policy presented minimal risk to residents.

Sources: LTCHs policy titled, "Zero Tolerance of Abuse and Neglect," revised March 2021; interviews with the AA, DOC, and the Administrator. [642]