

**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:** September 4, 2024

**Inspection Number:** 2024-1521-0001

**Inspection Type:**

Critical Incident

**Licensee:** North Centennial Manor Inc.

**Long Term Care Home and City:** North Centennial Manor, Kapuskasing

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 20- 22, 2024.

The following intake(s) were inspected:

- One intake related to an outbreak.

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

Infection Prevention and Control

## 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.

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

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that signage was posted for residents on additional precautions, as per the direction from the Director.

**Summary and Rationale**

Two residents were noted to be on isolation, however, there was no signage observed on the entry way of the room to direct staff as to what personal protective equipment (PPE) was required to enter.

The appropriate signage was posted on August 22, 2024.

**Sources:** Inspector observations; licensee policy; interview with the Infection Prevention and Control (IPAC) lead.

Date Remedy Implemented: August 22, 2024

**WRITTEN NOTIFICATION: Hand Hygiene**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the standards set out by the Director, related to resident and

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staff hand hygiene were complied with.

**Summary and Rationale**

It was noted that residents were not offered hand hygiene or encouraged to perform hand hygiene before meal service. It was also noted that staff missed moments of hand hygiene during the meal service.

**Sources:** Inspector observations; licensee policy; and, interview with IPAC lead and other relevant staff.

**COMPLIANCE ORDER CO #001 Infection prevention and control program**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 102 (7)**

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

4. Auditing of infection prevention and control practices in the home.
5. Conducting regular infectious disease surveillance.
6. Convening the Outbreak Management Team at the outset of an outbreak and regularly throughout an outbreak.
7. Convening the interdisciplinary infection prevention and control team referred to in subsection (4) at least quarterly, and at a more frequent interval during an infectious disease outbreak in the home.
8. Reviewing the information gathered pursuant to subsection (9).
9. Reviewing any daily and monthly screening results collected by the licensee to determine whether any action is required.
10. Implementing required improvements to the infection prevention and control

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program as required by audits under paragraph 4 or by the licensee.

**The inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- 1) Conduct a documented review of the IPAC lead's roles and responsibilities within the home;
- 2) Develop an auditing process to ensure that the responsibilities of the IPAC lead are reviewed weekly by the Administrator. The audit is to take place for a period of six weeks, and include any corrective actions taken by the home;
- 3) Conduct a documented review of the IPAC Lead hours, and develop an internal tracking process to ensure that the IPAC lead is working in the role the required hours; and,
- 4) Keep record of all reviews, audits, and actions taken and ensure that the documents are available to an Inspector upon request.

**Grounds**

The licensee has failed to ensure that the IPAC lead carried out the responsibilities as set out in the regulations.

**Summary and Rationale**

The home was unable to provide any evidence to indicate that the IPAC practices in the home were being audited on a consistent basis, other than hand hygiene. The home had not implemented any improvements based on the hand hygiene audits to improve the infection control program in the home.

At the time of the inspection, the home did not have an IPAC committee, with the required membership.

The home was unable to provide evidence to indicate that the IPAC lead was conducting regular

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infectious disease surveillance to determine if any action was required.

The Director of Care (DOC) verified that at the time of the inspection, the roles and responsibilities of the IPAC lead were not consistently being met.

**Sources:** Inspector observations; audits provided by the home; IPAC job description; internal meeting minutes; and, interview with the IPAC lead, DOC, and other relevant staff.

**This order must be complied with by** November 1, 2024

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).