



**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 Accountability and Performance Division  
Performance Improvement and Compliance Branch**

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**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 6, 2013	2013_140158_0024	S-000231-13	Complaint

**Licensee/Titulaire de permis**

**NORTH CENTENNIAL MANOR INC.  
2 Kimberly Drive, KAPUSKASING, ON, P5N-1L5**

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

**NORTH CENTENNIAL MANOR  
2 KIMBERLY DRIVE, KAPUSKASING, ON, P5N-1L5**

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

**KELLY-JEAN SCHIENBEIN (158)**

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

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

**This inspection was conducted on the following date(s): August 26, 27, and 28, 2013**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered staff, Personal Support Workers, and residents.**

**During the course of the inspection, the inspector(s) conducted a tour of the home, reviewed resident health care records, reviewed the various home's policies and procedures and staff's delivery of care to residents.**

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



**Personal Support Services**

**Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<b>Legend</b>	<b>Legendé</b>
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 6.  
Plan of care**



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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**
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**Findings/Faits saillants :**

1. Resident # 01 plan of care identifies that 1 staff is to ensure that the resident receives a bath at least once a week.

Staff # S-100 and S-101 stated to the inspector that resident # 01 refuses their choice of a bath.

Although resident # 01 plan of care identifies that 1 staff is to ensure that the resident receives a bath at least once a week, the plan of care does not reflect interventions to manage resident # 01 refusals and subsequent lack of a bath.

A review of resident # 01 August flow sheet show that the resident received 2 baths out of 8 baths scheduled. There were four times when the resident refused.

The plan of care did not set out clear directions to staff and others who provide direct care to resident # 01 regarding the provision of a bath. [s. 6. (1) (c)]

2. The licensee did not ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

Resident # 03 plan of care identifies that 2 staff are to provide assistance with bathing and that the resident would likely refuse if staff are late in providing a bath at the agreed time.

Staff # S-100 and staff # S-101 stated to the inspector that resident # 03 often refuses and that alternative strategies are used.

Although resident # 03 plan of care identifies that 2 staff are to ensure that the resident receives a bath at least once a week, the plan of care does not reflect alternative interventions, which were identified by the staff with regards to managing resident # 03 refusals. [s. 6. (1) (c)]



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***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 resident # 01 and resident # 03 plans of care provide clear directions to staff re: bathing, to be implemented voluntarily.***

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**Issued on this 9th day of September, 2013**

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

A handwritten signature in black ink, appearing to read "Schubert", is centered within a rectangular box.