

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

Public Report

Report Issue Date: March 17, 2025

Inspection Number: 2025-1099-0002

Inspection Type:

Follow up

Licensee: 675412 Ontario Inc.

Long Term Care Home and City: Northview Nursing Home, Englehart

INSPECTION SUMMARY

The inspection occurred offsite on the following date: March 17, 2025

The following intake was inspected:

- Follow-up #: 1 - CO #001/2025-1099-0001, FLTCA, 2021 - s. 23 (5).

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2025-1099-0001 related to FLTCA, 2021, s. 23 (5)

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

Infection Prevention and Control

INSPECTION RESULTS

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**WRITTEN NOTIFICATION: Infection prevention and control
program: Qualifications**

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

Compliance Order (CO) #001 from inspection #2025-1099-0001, issued on February 25, 2025, with a compliance due date (CDD) of March 14, 2025, related to FLTCA 2021, s. 23 (5) was not complied with.

The following components of the order were not complied with:

1) Develop a written plan outlining how the home will ensure that the infection prevention and control (IPAC) lead meets the requirements as outlined in Ontario Regulation 246/22, section 102 (5), 102 (15) 1., and 259 (2). The plan must include the following:

- actions that will be undertaken,
- target dates,
- persons/roles responsible for enacting the plan, and
- measures put in place to ensure the plan is followed.

The licensee has failed to ensure that the written plan for the IPAC lead included all necessary actions, target dates, responsible individuals or roles, and the measures to ensure the plan's implementation as outlined.

Sources: Home's written compliance plan and email correspondences dated February 27, 2025, and March 3, and 11, 2025; and an interview with the Administrator/Director of Care.

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An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

FLTCA, 2021, s. 23 (5)

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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