

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 3, 2021	2021_565647_0006	003189-21	Other

Licensee/Titulaire de permis

Santé Manitouwadge Health
1 Health Care Crescent Manitouwadge ON P0T 2C0

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

Santé Manitouwadge Health
1 Health Care Crescent Manitouwadge ON P0T 2C0

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

JENNIFER BROWN (647)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): February 24 - 26 and March 1 - 2, 2021. This inspection was conducted off-site.

The following intake was completed in this Other inspection:

-one intake related to Minister's Directive: COVID-19: LONG-TERM CARE HOME SURVEILLANCE TESTING AND ACCESS TO HOMES.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Personal Support Workers (PSW), and the Senior Public Health Inspector with the Thunder Bay Health Unit.

During the course of the inspection, the inspector reviewed relevant staff testing schedules, the Minister's Directive - COVID 19: Long-Term Care Home Surveillance Testing and Access to Homes, and a Memorandum "Province wide Shutdown to Stop Spread of COVID-19" from the Assistant Deputy Minister to the Long Term Care Stakeholders.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control**

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. 174.1 Directives by Minister

Specifically failed to comply with the following:

s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

1. The licensee has failed to ensure that a staff member who entered the LTCH had been tested every week for COVID-19 as per the most current and applicable Minister's Directive.

The Minister's Directive was issued pursuant to s. 174.1 of the Long-Term Care Homes Act, 2007 (Act), which authorized the Minister of Long-Term Care to issue operational or policy directives respecting long-term care homes where the Minister considered it in the public interest to do so. Every licensee shall carry out every operational or policy directive that applied to the long-term care home. This Directive was effective as of January 8, 2021, and replaced the previous version of this Directive dated November 23, 2020.

The Minister's Directive indicated:

1.1.1 Test Frequency for Staff, Student Placements and Volunteers.

Every licensee of a long-term care home shall ensure that where a staff, student placement or volunteer took one validated real-time polymerase chain reaction (PCR) test every week for long-term care homes in public health unit regions in Orange-Restrict, Red-Control or Grey-Lockdown levels. The time period between testing should be as close to seven days as can practically be achieved, unless testing is conducted more frequently.

The Director of Care (DOC) indicated that a staff member had worked on three occasions, without having a PCR test within the previous seven days.

Sources: staff schedule, testing dates for staff, interviews with DOC, Senior Public Health Inspector from Thunder Bay Health Unit, and other staff, and review of the Minister's Directive effective January 8, 2021. [s. 174.1 (3)]

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 all people who enter the LTCH have been tested for COVID-19 as per the most current and applicable Minister's Directive, to be implemented voluntarily.

Issued on this 3rd day of March, 2021

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

Original report signed by the inspector.