Ontario

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

Inspection Report under the
Fixing Long-Term Care Act, 2021

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Original Public Report

Report Issue Date August 24, 2022
Inspection Number 2022_1300-0001
Inspection Type
☒ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
Sante Manitouwadge Health

Long-Term Care Home and City
Sante Manitouwadge Health
Manitouwadge ON

Lead Inspector
Lauren Tenhunen [196]

Inspector Digital Signature
Lauren Tenhunen
Digitally signed by Lauren Tenhunen
Date: 2022.08.24 12:01:32 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 29 and 30, 2022.

The following intake(s) were inspected:

- One intake related to an allegation of staff to resident verbal abuse.

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

- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: POLICY TO PROMOTE ZERO TOLERANCE

NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: LTCHA 2007, c. 8, s.20(1)

The licensee has failed to ensure that a staff member complied with the written policy to promote zero tolerance of abuse and neglect of residents.

Rationale and Summary

The Critical Incident System report outlined two witnessed incidents in which a staff member had been verbally abusive to residents.

The DOC indicated that the staff member had not complied with the homes' abuse policy as they had been verbally abusive to residents.

There was a moderate impact as one resident was upset and moderate risk to the other resident as they could not recall the incident.

Sources: CIS report with attachments, homes' investigation file, an employee file, the LTC homes' policy titled, "Abuse Directive – B-1- revised 02/22"; and interviews with the DOC, residents and other staff.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1
Non-compliance with: O. Reg. 246/22, s. 102(7)11

The licensee has failed to ensure that the hand hygiene program for residents was implemented.

Rationale and Summary
During the inspection, hand hygiene (HH) for residents was not observed prior to lunch service on two consecutive days.

A staff member indicated that HH was not provided to residents before lunch. Another staff member indicated that HH for residents before meals was not part of the home's routine.

The lack of HH prior to the lunch meal posed a minimal risk to the residents.

Sources: observations of the lunch service on two dates; homes' policy titled, **"**Hand Hygiene Program- 02/20"; and interviews with two staff members.