Ontario

**Inspection Report Under the**
**Fixing Long-Term Care Act, 2021**

**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
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# Original Public Report

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| **Report Issue Date:** October 17, 2024. |
| **Inspection Number:** 2024-1300-0002 |
| **Inspection Type:**<br>Critical Incident |
| **Licensee:** Santé Manitouwadge Health |
| **Long Term Care Home and City:** Santé Manitouwadge Health, Manitouwadge |

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 3 and 4, 2024.

The following intake was 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.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
**Non-compliance with: O. Reg. 246/22, s. 272**
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that the Alcohol-based hand rub (ABHR) used in the home, was not expired.

**Rationale and Summary**
During the inspection, one bottle of ABHR, in a wall dispenser was observed to be expired.

Later that same day, the bottle of expired ABHR had been removed and no longer available for use.

**Sources:** Observations of an ABHR bottle; and an interview with the Long-Term Care (LTC) Nurse Manager.

Date Remedy Implemented: September 4, 2024.

## WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 102 (4) (e)**
Infection prevention and control program

s. 102 (4) The licensee shall ensure,
(e) that the program is evaluated and updated at least annually in accordance with the standards and protocols issued by the Director under subsection (2);

The licensee has failed to ensure that the IPAC program was evaluated and updated at least annually in accordance with the standards and protocols issued by the Director with respect to infection prevention and control.

**Rationale and Summary**
A review of the licensees' IPAC policies was conducted and they had not been evaluated or updated annually.

In interviews, the IPAC lead and the Administrator confirmed that the IPAC program and policies had not been reviewed or revised annually.

There was low risk to the residents as this related to policies.

**Sources:** Review of the licensees' IPAC policies; and interviews with the IPAC lead and the Administrator.