

**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**Sudbury Service Area Office
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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
Feb 11, 2021	2021_829757_0003	023985-20, 023986-20, 023987-20, 023988-20, 023990-20, 023991-20, 023992-20	Follow up

Licensee/Titulaire de permisNipigon District Memorial Hospital
125 Hogan Road Nipigon ON P0T 2J0**Long-Term Care Home/Foyer de soins de longue durée**Nipigon District Memorial Hospital
125 Hogan Road P.O. Box 37 Nipigon ON P0T 2J0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**DAVID SCHAEFER (757), DEBBIE WARPULA (577), JULIE KUORIKOSKI (621),
MELISSA HAMILTON (693)**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 25-28, 2021.

The following intakes were inspected during this Follow up inspection:

- Compliance order (CO) #001 from inspection #2020_633577_0021, issued pursuant to s. 5 of the Long-Term Care Homes Act (LTCHA), related to the home following Directive #3 as issued by the Chief Medical Officer of Health (CMOH).**
- CO #002 from inspection #2020_633577_0021, issued pursuant to s. 6 (10) of the LTCHA, related to care planning.**
- CO #003 from inspection #2020_633577_0021, issued pursuant to s. 20 (1) of the LTCHA, related to abuse and neglect of residents.**
- CO #004 from inspection #2020_633577_0021, issued pursuant to s. 24 (1) of the LTCHA, related to the immediate reporting of abuse and neglect.**
- CO #006 from inspection #2020_633577_0021, issued pursuant to s. 36 of Ontario Regulation (O. Reg.) 79/10, related to safe transferring and positioning.**
- CO #007 from inspection #2020_633577_0021, issued pursuant to s. 48 (1) of O. Reg. 79/10, related to required programs.**
- CO #008 from inspection #2020_633577_0021, issued pursuant to s. 114 (3) of O. Reg. 79/10, related to the medication management system.**

Critical Incident System inspection #2021_829757_0002 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Quality Specialist, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a housekeeper, and residents.

The following Inspection Protocols were used during this inspection:

- Falls Prevention**
- Infection Prevention and Control**
- Medication**
- Minimizing of Restraining**
- Personal Support Services**
- Prevention of Abuse, Neglect and Retaliation**

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)

**The following previously issued Order(s) were found to be in compliance at the
time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de
cette inspection:**

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 114. (3)	CO #008	2020_633577_0021		621
LTCHA, 2007 S.O. 2007, c.8 s. 20. (1)	CO #003	2020_633577_0021		577
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #004	2020_633577_0021		693
O.Reg 79/10 s. 36.	CO #006	2020_633577_0021		577
O.Reg 79/10 s. 48. (1)	CO #007	2020_633577_0021		621
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #001	2020_633577_0021		757
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #002	2020_633577_0021		621

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. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. A) The licensee has failed to comply with Compliance Order (CO) #002 from inspection #2020_633577_0021 served on November 16, 2020, with a compliance due date of January 11, 2021.

The licensee was ordered to perform audits of residents' care plans to ensure staff were reviewing and revising them when a resident's care needs changed or the care set out in the plan was no longer necessary; document the audits; and continue auditing until 30 consecutive days of adherence had been achieved. The home's "Daily Care Plan Audit for LTC" form had gaps identified in the auditing process, such that 30 consecutive days of adherence was not achieved.

Sources: CO #002 from inspection #2020_633577_0021; Resident care plans; "Daily Care Plan Audit for LTC" forms; A memorandum titled "The Daily Care Plan Audit"; and interviews with the Director of Care (DOC), and Quality Specialist.

B) The licensee has failed to comply with CO #007 from inspection #2020_633577_0021 served on November 16, 2020, with a compliance due date of November 30, 2020.

The licensee was ordered to ensure that for any resident that had an unwitnessed fall with a head injury or suspected head injury, or a witnessed fall with head injury, staff assessed neurological vital signs, vital signs, pain, bruising, and change in functional and cognitive status for 72 hours. The document titled "Neuro-Vital Signs Record", was initiated following falls of two residents; however, they were not completed every shift for 72 hours.

Sources: CO #007 from inspection #2020_633577_0021; "Falls Prevention and Management" policy; Two resident care plans and neuro-vital signs records; and interviews with the DOC, and other relevant staff members. [s. 101. (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 weekly audits of plans of care are continued until 30 consecutive days of adherence is achieved; and that neurological vital signs are completed following resident falls per the home's falls prevention and management program, to be implemented voluntarily.

Issued on this 16th day of February, 2021

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

Original report signed by the inspector.