Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Oct 28, 2021	2021_914196_0003	010031-21	Follow up

Licensee/Titulaire de permis

Nipigon 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

LAUREN TENHUNEN (196)

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): September 27, 28, and 29, 2021, and offsite on October 1, 2021.

The following intake was inspected upon during this Follow up inspection:
-log #010031-21, related to CO#001, from inspection #2021_624196_0009, issued pursuant to LTCHA 2007, S.O. 2007, c.8, s. 6. (9), related to documentation of the provision of care.

During the course of the inspection, the inspector(s) spoke with the Administrator, Nurse Manager (NM), Registered Nurse (RN)/Educator, Infection Prevention and Control (IPAC) Coordinator, Housekeeping Aide, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.

The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, Infection Prevention and Control (IPAC) practices, observed staff to resident interactions, reviewed relevant resident health care records, and policies and procedures and oral care Point of Care (POC) audit tools.

This Follow up inspection was conducted concurrently with Critical Incident System (CIS) inspection #2021_914196_0004.

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)**
- **0 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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (9)	CO #001	2021_624196_0009	196

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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. The licensee has failed to comply with Compliance Order (CO) #001 from inspection #2021_624196_0009 served on June 22, 2021, with a compliance due date of July 30, 2021.

The licensee was ordered to implement an action plan if the outcome of monitoring established that the retraining had not been effective. The submitted compliance plan indicated the action plan to be initiated, by the Nurse Manager and the Administrator, progressive discipline, if the retraining had not been effective.

The "Oral Care POC (Point of Care) Audit" completed by the RN (Registered Nurse)/Educator on a date, identified that the POC documentation for resident #002 for the previous night shift, was not completed.

The RN/Educator was not sure that they notified the Nurse Manager (NM) of the audit results from this date.

The NM reported that they were unaware of the audit result from this date and whether the action plan was initiated.

The Administrator reported that they became aware of the audit results from this date when the NM had informed them during the time of the inspection. They added they were currently awaiting direction from the Human Resources department for direction on the type of discipline action to be taken.

Sources: Review of CO #001 from inspection #2021_624196_0009, Point of Care (POC) flow sheets for resident #002, “Oral Care POC audit” for a date; Interviews with the NM, RN/Nurse Educator and the Administrator. [s. 101. (3)]

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Issued on this 2nd day of November, 2021

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

Original report signed by the inspector.