

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
Telephone: (800) 663-6965

**Amended Public Report
Cover Sheet (A1)**

Amended Report Issue Date: November 13, 2024

Original Report Issue Date: November 12, 2024

Inspection Number: 2024-1283-0003 (A1)

Inspection Type:

Critical Incident

Licensee: Nipigon District Memorial Hospital

Long Term Care Home and City: Nipigon District Memorial Hospital, Nipigon

AMENDED INSPECTION SUMMARY

This report has been amended to:

The report was amended to correct an error in the date on the original report.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 4-7, 2024.

The following intake(s) were inspected:

- One intake related to a facility wide COVID-19 outbreak.
- One intake related to alleged physical abuse of a resident by staff.

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

Infection Prevention and Control

Prevention of Abuse and Neglect

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AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 3 (1) 1.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

The licensee has failed to ensure that a resident was treated with courtesy and respect and in a way that fully recognized the resident's inherent dignity, worth and individuality by a staff member.

The staff member interacted with a resident in a manner and approach that compromised the resident's dignity and lacked respect and courtesy, which resulted in the resident being fearful of the staff member.

Sources: Resident's progress notes; Submitted report for Critical Incident (CI); Home's internal investigation file for CI; Policy: Culture of Care Code of Conduct - revised March 2024; And Interviews with a resident and Assistant Director of Care (ADOC).

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WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.

Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

The licensee has failed to ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home at least 17.5 hours per week.

Regular tasks, such as IPAC audits were not completed as a result of the home not having an IPAC lead who consistently worked in the home for the required number of hours.

Sources: Interview with Administrator/Chief Nursing Executive/IPAC Lead; Job description for Nipigon District Memorial Hospital Infection Control Practitioner; And Policy: Guidelines for Outbreak Management, Revised date March 1, 2021.

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**COMPLIANCE ORDER CO #001 Infection prevention and control
program**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- 1) Create and implement a documented plan for ensuring that all required IPAC audits are completed at the frequency that is outlined in the IPAC Standard for Long-Term Care Homes. The written plan must include details of:
 - a) who is responsible for completing each component of the written plan;
 - b) what monitoring process will be put in place to ensure oversight of the plan's implementation;
 - c) what corrective action will be implemented if deficiencies are identified during the monitoring process.

Grounds

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to IPAC was implemented; specifically, the licensee has failed to ensure the following Additional Requirements of the IPAC Standard for Long-Term Care Homes (LTCHs), revised September 2023 were followed:

- 1) Support for residents to perform hand hygiene prior to receiving meals and

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snacks, and after toileting - Additional Requirement 10.4 (h)

2) Quarterly real-time audits of the selection, and donning and doffing of personal protective equipment (PPE) - Additional Requirement 2.1

3) A minimum, quarterly audits to ensure that all staff could perform the IPAC skills required of their role - Additional Requirement 7.3 (b) ; and

4) Monthly audits of adherence to the four moments of hand hygiene (HH) by staff in the home - Additional Requirement 10.4 (d)

Not following the additional requirements of the IPAC Standard posed a medium risk to the residents.

Sources: Observations during a meal service; Interviews with two residents; Review of outbreak file; Policy: IPAC Audit Toolkit, Reviewed/Revised Date: November 5, 2024; and Interviews with IPAC Lead, Assistant Director of Care, and Director of Care.

This order must be complied with by December 9, 2024

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.