

**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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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 28, 2020	2020_657681_0012	019741-20	Other

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**Licensee/Titulaire de permis**

1895357 Ontario Inc.  
1202 Highway 94 Corbeil ON P0H 1K0

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**Long-Term Care Home/Foyer de soins de longue durée**

Nipissing Manor Nursing Care Center  
1202 Highway 94 Corbeil ON P0H 1K0

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

STEPHANIE DONI (681), CHAD CAMPS (609), SHANNON RUSSELL (692)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): October 5-9, 2020.**

**The following intake was completed during this inspection:**

**- One intake regarding care concerns identified during a previous inspection (#2020\_752627\_0012), related to wound care, dining and snack service, and infection prevention and control.**

**A Critical Incident inspection, #2020\_657681\_0013, and a Complaint inspection, #2020\_657681\_0014, were conducted concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Life Enrichment Manager, Registered Dietitian (RD), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Life Enrichment Staff, and Dietary Aides.**

**The Inspectors also conducted a tour of resident care areas, reviewed relevant records and policies, and observed resident rooms, resident common areas, and the delivery of resident care and services, including staff to resident interactions.**

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

**Dining Observation**

**Infection Prevention and Control**

**Nutrition and Hydration**

**Prevention of Abuse, Neglect and Retaliation**

**Skin and Wound Care**

**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)**

**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.

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home was a safe and secure environment for its residents.

The Chief Medical Officer of Health (CMOH) issued Directive #3, last updated September 9, 2020, which required long-term care homes to immediately implement active screening of all staff, visitors, and anyone else entering the home, for COVID-19.

Directive #3 also indicates that all staff need to wear surgical/procedure masks while in the home.

On October 5, 2020, Inspector #609 and #681 entered the home without being screened. It was also observed that staff were not immediately screened on entry to the home, but rather staff were screened after they had entered the home and had walked through various staff areas to the main floor nursing station. The DOC verified that staff could enter the home through a back door and could have contact with other staff prior to being screened and applying a mask. The Administrator indicated that the home required changes to their screening procedure and staff were now being screened before entering the home.

Sources: Inspector's observations, CMOH Directive #3, the home's procedure for donning and doffing Personal Protective Equipment (PPE) and interviews with the Administrator, DOC and other staff. [s. 5.]

***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 the home is a safe and secure environment for its residents, to be implemented voluntarily.***

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**Issued on this 29th day of October, 2020**

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

**Original report signed by the inspector.**