

**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
Nov 5, 2020	2020_782736_0021	020605-20	Other

Licensee/Titulaire de permis

North Centennial Manor Inc.
2 Kimberly Drive KAPUSKASING ON P5N 1L5

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

North Centennial Manor
2 Kimberly Drive KAPUSKASING ON P5N 1L5

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

AMANDA BELANGER (736)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 19-20, 2020.

-one log related to an onsite IPAC inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care, Registered Nurse(s) (RNs), Registered Practical Nurse(s) (RPNs), Personal Support Worker(s) (PSWs), Housekeeping Lead, and Screener.

During the course of the inspection, the Inspector observed the provisions of care, and observed the infection prevention and control program within the home, and reviewed the licensee's relevant policies.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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 O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary
assessment of the following with respect to the resident:
9. Disease diagnosis. O. Reg. 79/10, s. 26 (3).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident's plan of care was based on disease diagnoses.

During an initial tour of the home area, the Inspector noted that a resident had additional precautions related to infection control. During a review of the resident's diagnoses on Point Click Care (PCC), as well as a review of the care plan, the Inspector was unable to locate the rationale or diagnosis related to the additional precautions for infection control. In an interview with an Registered Practical Nurse (RPN), they indicated to the Inspector that they were unsure of the reason for the additional precautions. When the RPN reviewed the resident's diagnoses and care plan with the Inspector, they were unable to locate the rationale for the contact precautions.

Sources: Inspector's observations, review of diagnoses list and care plan for the resident, as well as lab results, interview with RPN, and other staff. [s. 26. (3) 9.]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the RPN participated in the implementation of the infection prevention and control (IPAC) program related to the Just Clean Your Hands (JCYH) Program.

The RPN was observed to have exited a resident's bedroom, removed their gloves, and applied new gloves without the use of alcohol based hand sanitizer. The RPN subsequently removed the second pair of gloves, answered their phone, and put on new gloves without the use of alcohol based hand rub, and continued to apply a topical treatment to a resident's leg. The long-term care home's IPAC program included requirements for when staff were to use alcohol based hand rub, including the four moments of hand hygiene. The program specified that alcohol based hand rub was to be used after gloves were removed, or after contact with resident's environment. The RPN indicated that they had not used alcohol based hand sanitizer as they should have. The RPN failed to participate in the implementation of the IPAC program which presented actual risk of infection to the residents.

Sources: Observations of the RPN, interviews with the Director of Care and the RPN, the home's policy Hand Hygiene, #ICS-3010 NCM last revised November 2015. [s. 229. (4)]

Issued on this 9th day of November, 2020

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

Original report signed by the inspector.