



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue**

Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance et de la
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 16, 17, 18, 2011; Jan 26, 27, 2012	2011_056158_0022	Critical Incident

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

KELLY-JEAN SCHIENBEIN (158)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Registered Nurses, Registered Practical Nurses, Personal Support Workers, residents and families.

During the course of the inspection, the inspector(s) reviewed residents' health care records, the home's Fall Prevention Management policy # ADM 2-39, the home's Reporting and Complaints policy # ADM 2-38, the home's Prevention, Reporting and Elimination of Resident Abuse policy # ADM 2-39, the home's Medication policy # RCM-20 (U) and observed care provided to residents.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legende
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 6. Plan of care

Specifically failed to comply with the following subsections:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee did not ensure that the care set out in the plan of care was provided to a resident as specified in the plan. The home's internal incident report identified that a resident was transferred onto the toilet by two staff and was left unsupervised. The resident fell and sustained an injury.

The resident's plan of care identified under toileting that two staff are to provide total assistance for the entire process including the transfer on/off toilet, ensure safety, provide peri-care, change attends, and adjust clothes.

A daily resident report sheet which was not dated was posted at the nurses desk. It was documented on the report sheet that the resident is not to be left unattended when on the toilet.

The inspector observed that two staff assisted the resident to transfer onto the toilet and then stayed outside of the room in the hall on November 17/11.

The resident stated to the inspector on November 17/11 that the staff usually stand outside the bathroom with the door closed, while they are on the toilet.

The care set out in the resident's plan of care was not provided as specified in the plan.

[LTCHA 2007, S.O. 2007, c. 8, 6 (7)]

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 ensuring that the care set out in the plan of care is provided to residents as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
(a) shall provide that abuse and neglect are not to be tolerated;
(b) shall clearly set out what constitutes abuse and neglect;
(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
(d) shall contain an explanation of the duty under section 24 to make mandatory reports;
(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
(f) shall set out the consequences for those who abuse or neglect residents;
(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).
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Findings/Faits saillants :

1. The licensee did not ensure that their written policy to promote zero tolerance of abuse and neglect of residents identified an explanation of the duty under section 24 of the Act to make mandatory reports or contain procedures for responding to alleged, suspected or witnessed abuse and neglect of residents
The home's Prevention, Reporting and Elimination of Resident Abuse policy # ADM 2-39 dated May 2007 was reviewed on November 18/11.
The home's policy is outdated and references the Charitable Institution Act. The policy does contain a reference to reporting to the Ministry of Health and Long Term Care (MOHLTC), however, it fails to identify the immediate reporting to the Director. As well, the policy references "unusual occurrences" and contacting the MOHLTC regional office.
[LTCHA 2007, S.O. 2007, s. 20.(2)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following subsections:

- s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**
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Findings/Faits saillants :

1. Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.
The home submitted a Critical Incident report to the Ministry of Health and Long Term Care (MOHLTC) regarding an allegation of staff to resident abuse received in a letter of complaint written by a family member.
The written letter of complaint was dated prior to the report submitted to the MOHLTC and was not forwarded immediately to the Director.
[LTCHA 2007, S.O. 2007, s. 22.(1)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance
Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

(c) identifies measures and strategies to prevent abuse and neglect;

(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and

(e) identifies the training and retraining requirements for all staff, including,

(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and

(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :

1. The licensee did not ensure that their written policy to promote zero tolerance of abuse and neglect of residents identified measures and strategies to prevent abuse and neglect.

The home's Prevention, Reporting and Elimination of Resident Abuse policy # ADM 2-39 dated May 2007 was reviewed on November 18/11.

The home's policy is outdated and references the Charitable Institution Act. The policy does not contain measures and strategies to prevent abuse and neglect.

[O Reg 79/10, s. 96.(c)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following subsections:

s. 114. (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).

Findings/Faits saillants :



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The home failed to ensure that its written policies and protocols regarding medication administration were implemented. The home's Medication Policy # RCM-20 (U) was reviewed on November 16/11. The policy identifies that the "Registered Nurse is to initial on the residents MAR once the medication is administered".

Resident # 0000000001 Medication Administration Record (MAR) for August 1 - 31/11, September 01- 30/11 and November 1-30/11 was reviewed on November 16/11. The Registered staffs' initials were missing for an antidepressant medication on the following dates:

on September 18/11 at 1700h and 2100h, on August 13/11 at 2100h, on August 14/11 at 1700h and 2100h, on August 15/11 at 0800h, 1700h and 2100h, on August 26/11 at 0800h, on August 29/11 at 2100h, August 30/11 at 1700h and 2100h, on August 31/11 at 0800h, 1700h, and 2100h and on November 2, 4, 8/11 at 2100h.

[O Reg 79/10, s. 114. (3)(a)]

The home failed to ensure that its written policy and protocols regarding medication administration were implemented. The home's Medication Policy # RCM-20U was reviewed on November 16/11. The policy identifies that the "Registered Nurse is to initial on the residents MAR once the medication is administered".

Resident # 0000000003 Medication Administration Record (MAR) was reviewed on Nov 17/11. Missing Registered staff initials were noted for the following:

a treatment supplement on November 12/11 at 1700h, on November 10/11 at 1200h, and on September 1, 2, 8, 14, 25, 26/11 at 1200h,

an antibiotic on November 10/11, and on September 21/11 at 1200h,

a blood pressure medication on November 10/11, and on August 15,16/11 at 2100h,

an anti platelet agent on November 5/11 at 0800h, on November 10/11 and on August 15-16/11 at 2000h, and

an antidepressant on November 10/11 and August 15-16/11 at 2100h

[O Reg 79/10, s. 114. (3)(a)]

Issued on this 27th day of January, 2012

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