

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

## Public Report

**Report Issue Date:** January 15, 2026

**Inspection Number:** 2026-1155-0001

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** Algonquin Nursing Home of Mattawa

**Long Term Care Home and City:** Algonquin Nursing Home, Mattawa

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 5-9, 2026.

The following intake was inspected:

- One intake related to a Customized Proactive Compliance Inspection.

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

Continance Care  
Food, Nutrition and Hydration  
Infection Prevention and Control

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

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#### Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary;  
or

A resident's diet was changed; however, their plan of care was not revised.

Sources: A resident's health care records, interviews with a Registered Dietitian and the DOC.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

#### **Non-compliance with: O. Reg. 246/22, s. 74 (2) (e) (i)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

- (e) a weight monitoring system to measure and record with respect to each resident,
- (i) weight on admission and monthly thereafter, and

Pursuant to Ontario Regulation (O. Reg.) 246/22 s. 11 (1) (b) the licensee was required to comply with the home's weight monitoring system for residents.

Specifically, a Personal Support worker did not reweigh a resident who's weight appeared to have increased well over 10% over their documented weight from the previous month, nor was the RD notified.

During the course of the inspection, an RN verified that the resident had been reweighted and a referral to the RD was sent.

Sources: The home's weight monitoring policy titled "Resident Weight Monitoring", a resident's health care records, interviews with a PSW #, an RN and the RD.

### **WRITTEN NOTIFICATION: Continence care and bowel management**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 82 (7) 6.**

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#### Training

s. 82 (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

6. Any other areas provided for in the regulations.

Pursuant to O. Reg. 246/22, s. 261 (1) 3, for the purposes of paragraph 6 of subsection 82 (7) 6 of the Act, continence care and bowel management, is an area in which yearly training was be provided to all staff who provided direct care to residents.

The Director of Care (DOC) verified eight staff members had not completed their online Surge training for continence care and bowel management, for the year 2025.

Sources: interview with DOC, and Surge Course Completion record for Care Management Program Annual Retraining, for 2025.

### **WRITTEN NOTIFICATION: General requirements**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

#### **Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

During a two month period, the RD addressed a resident's nutritional challenges; however, none of the care provided was documented in the resident's records

Sources: The home's policy titled "Nutritional Risk Assessment", a resident's health care records, interviews with an RD and DOC.

### **WRITTEN NOTIFICATION: Continence care and bowel management**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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**Non-compliance with: O. Reg. 246/22, s. 56 (1) 5.**

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

The Director of Care (DOC) verified that the evaluation of residents' satisfaction with the range of continence care products, conducted in consultation with residents and substitute decision-makers (SDMs) was not completed in 2025; consequently, these insights were not available to inform the home's purchasing decisions for incontinence supplies.

Sources: Interview with the DOC.



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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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