

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: July 2, 2025

Inspection Number: 2025-1529-0003

Inspection Type:

Critical Incident

Licensee: Board of Management for the District of Nipissing West

Long Term Care Home and City: Au Chateau, Sturgeon Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 16 - 20, 2025.

The following intakes were inspected:

- Two intakes regarding neglect of a resident.
- Two intakes regarding Infectious Disease Outbreaks.

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect

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

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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 (8)

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Lead was informed about the plans of care for residents and had easy and immediate access to them during an Outbreak declared on specific date.

At the time of the inspection, the IPAC Lead was granted access to the residents' plans of care within the home's electronic health record system.

Sources: Review of specific outbreak records and residents electronic health records; and interviews with the IPAC Lead and the Director of Care (DOC).

Date Remedy Implemented: June 19, 2025

WRITTEN NOTIFICATION: Plan of care

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

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

Plan of care

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.

The licensee has failed to ensure that the care outlined in a resident's plan of care was provided as specified when a staff member provided care and repositioned the resident without the required assistance of a second staff member.

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Sources: Critical Incident Submission (CIS) report, the home's investigation notes, and a resident's care plan; and interviews with a staff member and the DOC.

WRITTEN NOTIFICATION: Reporting and complaints: Licensee must investigate, respond and act

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

Non-compliance with: FLTCA, 2021, s. 27 (1) (b)

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,
(b) appropriate action is taken in response to every such incident; and

The licensee has failed to ensure that the home took appropriate action in response to an alleged incident of improper care involving a resident when the staff members who provided care to the resident were not included in the investigation into the incident.

Sources: CIS report and the home's investigation file; and an interview with the DOC.

WRITTEN NOTIFICATION: Reporting certain matters to the Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

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1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that the Director was immediately notified of an incident involving suspected improper care that resulted in risk of harm to a resident.

Sources: CIS report; and an interview with the DOC.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that the home's skin and wound program was evaluated and updated at least annually.

Sources: The home's skin and wound program; and an interview with the Assistant DOC.

WRITTEN NOTIFICATION: Bathing

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident received the required twice-weekly baths in a specific time period.

Sources: CIS report, a resident's electronic health record, and the home's investigation file; and an interview with the DOC.

WRITTEN NOTIFICATION: Qualifications of personal support workers

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 52 (1) (a)

Qualifications of personal support workers

s. 52 (1) Every licensee of a long-term care home shall ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,

(a) has successfully completed a personal support worker program that meets the requirements in subsection (2); and

The licensee has failed to ensure that a staff member successfully completed a required program when they were hired.

Sources: CIS report; and interviews with a staff member and the Human Resources Manager.

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WRITTEN NOTIFICATION: Qualifications of personal support workers

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 52 (1) 2. iii.

Qualifications of personal support workers

s. 52 (1) Every licensee of a long-term care home shall ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, meets one of the following requirements:

2. The licensee determines that the person would meet the requirements to be registered in the personal support worker class that are set out in subsections 5 (2) to (7) and section 6 of Ontario Regulation 217/24 (Registration) made under the Health and Supportive Care Providers Oversight Authority Act, 2021, which shall be read subject to the following modifications:

iii. If the person is relying on their completion of a program that was designed to prepare them to provide personal support services to show that they meet these requirements, the person must provide the licensee with proof of graduation issued by the education provider that they successfully completed the program.

The licensee has failed to ensure that a PSW had successfully completed a PSW program when they did not obtain a copy of the staff member's PSW certificate before hiring them as a PSW.

Sources: An interview with the Human Resources Manager.

WRITTEN NOTIFICATION: Skin and wound care

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

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(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident received an initial and weekly skin assessment, using a clinically appropriate tool.

Sources: A resident's electronic health record, and the home's skin and wound program; and interviews with the Assistant DOC and a registered staff member.

WRITTEN NOTIFICATION: Dining and snack service

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)

Dining and snack service

s. 79 (2) The licensee shall ensure that,

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

The licensee has failed to ensure that a resident who required assistance with eating and drinking, was not served their meal until a someone was available to provide the assistance required by the resident.

Sources: CIS report, the home's investigation file, and a resident's electronic health record; and interviews with the DOC and other staff members.

WRITTEN NOTIFICATION: Police notification

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

The licensee has failed to ensure that the appropriate police force was immediately notified about an allegation of neglect.

Sources: CIS report, the home's investigation file, and the home's zero tolerance of abuse and neglect policy; and an interview with the DOC.

COMPLIANCE ORDER CO #001 Duty to protect

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

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

The licensee shall:

a) Establish a written process to ensure that all Personal Support Workers (PSWs) review the care plans of the residents assigned to them before delivering any care.

b) Develop a documented process outlining the direct care staff must follow when assistance is needed during the provision of resident care. This process must clearly specify:

- the procedures staff must follow when requesting or offering assistance;
- how duties will be reassigned, if necessary, to maintain uninterrupted care; and

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- the responsibilities of registered staff in offering support, direction, and oversight within the resident care areas.

c) Ensure that all direct care and registered staff are trained on the processes established in sections a) and b). Maintain written records of all training sessions and staff reviews.

d) Develop a formal audit process to verify that care is being delivered in accordance with each resident's care plan. This process must include:

- the frequency at which audits will be conducted;
- the staff responsible for carrying out the audits;
- the steps to be taken when discrepancies are found during the audit.

Grounds

The licensee has failed to ensure that a resident was not neglected by staff.

Ontario Regulation 246/22, s. 7. defined neglect as the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

Rationale and Summary

Specifically, the licensee failed to protect a resident from neglect on a specific date when staff members did not provide care to the resident as required, resulting in actual harm to the resident.

Sources: CIS report, a resident's electronic health record; the home's investigation file, and a specific policy of the home; and interviews with the DOC and other staff members.

This order must be complied with by August 29, 2025

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COMPLIANCE ORDER CO #002 Dining and snack service

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

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

The licensee shall:

a) Develop a written process to ensure that documents used by dietary aides and other staff during meal and snack service, such as the diet type report, clearly and accurately reflect the following for each resident:

- the prescribed diet type;
- required food texture modifications;
- food and fluid preferences (likes and dislikes)
- necessary assistive devices or adaptive aids
- any special instructions related to nutrition or meal/snack service

b) Establish a documented process to ensure that all dietary aides review the information outlined in section a) for each resident prior to plating meals at every meal service.

c) Review the process described in section b) with all dietary aides and other staff members involved in meal and snack service. Keep records of the review dates, including the names of the individuals who participated.

d) Establish a documented auditing process to monitor ongoing compliance with

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section a). This process must define the audit frequency, identify who is responsible for conducting audits, and outline the steps to be taken if any discrepancies are found.

Grounds

The licensee has failed to ensure that their dining service included a process for food service workers and other staff assisting a resident to be aware of the resident's diet type and textures, special needs and personal assistance during meal service, their preferences and any assistive devices and eating aids required.

Rationale and Summary

Specifically, the licensee did not ensure that the resident received the correct diet texture and the necessary personal assistance during a meal on an identified date. In addition, the documentation used by staff to deliver meal service lacked accurate information regarding food textures, required fluid consistency, assistive devices, food and beverage preferences, and level of assistance needed.

Failure to ensure a process was in place, posed a risk to the resident, including the possibility of receiving incorrect food textures or fluid consistencies, not receiving the necessary personal assistance or adaptive aids during meals, and having their food and beverage preferences overlooked. As well when staff failed to identify errors in the diet type record and were unaware of the process needed to ensure that the nutritional interventions outlined in the resident care plan, particularly those related to their specific dietary needs and required assistance during meals, were implemented during meal service at the point of meal service.

Sources: CIS report, the home's investigation file, a resident's care plan, a Diet Type List on a specific date; and interviews with the DOC and other staff members.

This order must be complied with by August 29, 2025

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COMPLIANCE ORDER CO #003 Infection prevention and control program

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

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

The licensee shall:

- a) Develop a documented process to ensure that all residents exhibiting symptoms indicating the presence of infection are consistently monitored. This includes accurately recording the resident's symptoms of infection during every shift.
- b) Educate all registered nursing staff on the process established in section a) and maintain detailed records of the training sessions, including the dates and names of the attendees.
- c) Establish a documented system to monitor compliance to the process established in section a). This system should outlined steps to be taken when non-compliance or gaps in practice are identified.

Grounds

The licensee has failed to ensure that symptoms indicating the presence of infection were monitored for specific residents on every shift, as required.

Rationale and Summary

Specifically, when the specified residents were in isolation for an infection, the symptoms of their infection were not monitored every shift.

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Failure to complete and document symptom surveillance every shift, put the residents at risk of discomfort and for delays in responding to their needs if their infections worsened.

Sources: Electronic health records for residents, and the line listing for a specific outbreak in the home; and interviews with the DOC and other staff members.

This order must be complied with by August 29, 2025

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REVIEW/APEAL 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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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:

Health Services Appeal and Review Board

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

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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.