Ontario

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

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: May 23, 2025
Inspection Number: 2025-1349-0004
Inspection Type: Proactive Compliance Inspection
Licensee: Chapleau Health Services
Long Term Care Home and City: The Bignucolo Residence, Chapleau

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: May 12-15, 2025

The following intake was inspected:

- One intake related to a Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

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: O. Reg. 246/22, s. 265 (1) 10.
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that during the intial tour of the long-term care home (LTCH), the visitor policy made was posted in a visible and easily accessible location.

On the same day, the most recent copy of the visitor policy was posted on the designated wall for required postings.

Sources: Observations; the licensee's visitor policy; and an interview with a staff member.

Date Remedy Implemented: May 12, 2025

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (1)
Resident and Family/Caregiver Experience Survey
s. 43 (1) Every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

The licensee has failed to ensure that an annual resident and family/caregiver survey was taken of the residents, their families and caregivers, when they had not completed one for a period of time.

Sources: Resident/Family Experience Survey; and an interview with a staff member.

WRITTEN NOTIFICATION: Posting of information

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 85 (1)
Posting of information
s. 85 (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

The licensee has failed to ensure that all required information was posted in a way that complied with the requirements set out in the regulations, when the policy to promote zero tolerance of abuse and neglect of residents was not posted and other posted required information referenced the previous LTCHA and Regulations.

Sources: Observations of required postings; and an interview with a staff member.

WRITTEN NOTIFICATION: Required Programs- Pain Management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee has failed to ensure that the pain management program, at a minimum, monitored residents' responses to, and the effectiveness of, the pain management strategies, when specific residents did not receive pain assessments as required.

Sources: Resident electronic health records and the licensee's pain management policy; and an interview with a staff member.

WRITTEN NOTIFICATION: Prevention of abuse and neglect - Evaluation

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 106 (b)
Evaluation
s. 106. Every licensee of a long-term care home shall ensure,
(b) that at least once in every calendar year, an evaluation is made to determine the

effectiveness of the licensee's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;

The licensee has failed to ensure that the policy for prevention of abuse and neglect of residents by staff was evaluated at least annually.

Sources: The licensee's policy and an email correspondence.

WRITTEN NOTIFICATION: Quality- Continuous Quality Improvement Committee

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
9. One member of the home's Residents' Council.

The licensee has failed to ensure that the continuous quality improvement committee included one member of the home's Residents' Council, when the Terms of Reference (TOR) did not include a Residents' Council member as part of the membership.

Sources: Quality Working Group-TOR and an interview with a staff member.

WRITTEN NOTIFICATION: Visitor policy

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 267
Visitor policy

s. 267.
(1) Every licensee of a long-term care home shall establish and implement a written visitor policy which at a minimum,
(a) includes the process for visitor access during non-outbreak situations and during an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic, a pandemic or another emergency;
(b) includes the process for documenting and keeping a written record of,
(i) the designation of a caregiver; and
(ii) the approval from a parent or legal guardian to permit persons under 16 years of age to be designated as a caregiver, if applicable;
(c) complies with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act; and
(d) ensures that essential visitors continue to have access to the long-term care home during an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic a pandemic or another emergency, subject to any applicable laws.
(2) Every licensee of a long-term care home shall maintain visitor logs for a minimum of 30 days which include, at a minimum,
(a) the name and contact information of the visitor;
(b) the time and date of the visit; and
(c) the name of the resident visited.
(3) Every licensee of a long-term care home shall ensure that the current version of the visitor policy is provided to the Residents' Council and Family Council, if any.
(4) In this section,
"emergency" means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home;
"essential visitor" means,
(a) a caregiver,

(b) a support worker who visits a home to provide support to the critical operations of the home or to provide essential services to residents,
(c) a person visiting a very ill resident for compassionate reasons including, but not limited to, hospice services or end-of-life care, or
(d) a government inspector with a statutory right to enter a long-term care home to carry out their duties.

The licensee has failed to ensure that the written visitor policy contained all the required information when it did not outline the sign in requirements for visitors or the required documentation and record-keeping of caregiver designations and approvals.

Sources: Observations; Visitor Screening Log, and the licensee's visitor policy; and interviews with staff.

COMPLIANCE ORDER CO #001 Nursing and personal support services

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 35 (2)
Nursing and personal support services
s. 35 (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b).

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 staffing plan for the nursing and personal support programs at the Bignucolo Residence, ensuring that all requirements as set out in Ontario Regulation (O. Reg) 246/22, s. 35 (2), (3), and (4) are addressed. Keep a record of the plan.

Grounds
The licensee has failed to ensure that there was a written staffing plan for the nursing and personal support services (PSS) programs required under clause 11 (1) (a) and (b) of the Act.

Rationale and Summary
At the time of the inspection, the home was unable to provide a written staffing plan for the nursing and PSS programs at the LTCH.

Failure to ensure a written staffing plan was in place put residents at risk of having inadequate care providers, which might have directly impacted their care and compromised their well-being.

Sources: Observations; the home's human resource plan; an interview a staff member.

This order must be complied with by July 18, 2025

COMPLIANCE ORDER CO #002 Skin and wound care

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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,
(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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The Licensee shall:
a) Re-educate all registered staff on the need to conduct and document weekly wound assessments, with a clinically appropriate assessment tool specifically designed for skin and wound assessments. Keep written records of the training, including content, dates, and names of participants.

b) Develop and implement an auditing process, for four weeks following the issuance of this order, to ensure weekly skin and wound assessments are completed on the specified residents. Keep written records of the audits, including any corrective actions based on the results.

Grounds
The licensee has failed to ensure that when specific residents exhibited altered skin integrity they received a skin assessment using a clinically appropriate assessment tool.

Summary and Rationale
A review of documented wound assessments throughout a specific time period revealed that the assessments were not completed weekly for specific residents.

Failure to complete weekly wound assessments put the specified residents at risk because their wounds were not being monitored or documented, nor could the current treatment plan be reviewed for effectivenss or need for modification of the plan be determined.

Sources: Specific residents electronic health records; the licensee's skin and wound care policy; and interviews with staff members..

This order must be complied with by July 18, 2025

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REVIEW/APPEAL 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

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

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.