

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: March 3, 2025

Inspection Number: 2025-1129-0001

Inspection Type:

Other
Complaint
Critical Incident

Licensee: Wiigwas Elder and Senior Care

Long Term Care Home and City: Wiigwas Elder and Senior Care, Kenora

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25 - 27, 2025.

The following intake(s) were inspected:

- A complaint intake related to concerns of care of a resident.
- An intake related to altered health status of a resident.
- An intake related to a fall of a resident resulting in injury.
- An intake related to "Outstanding Emergency Planning Annual Attestation".

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

Resident Care and Support Services
Medication Management
Infection Prevention and Control
Safe and Secure Home
Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Infection prevention and control program

NC # 001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

The licensee has failed to comply with the home's infection prevention and control (IPAC) program when staff were observed not wearing a mask on the unit during a facility-wide outbreak. In accordance with O. Reg 146/22. s. 11 (1) (b), the licensee is required to ensure that written policies developed for the IPAC program were complied with. Specifically, the home's Universal PPE Strategy policy indicated a procedural/surgical mask was to be worn at all times while in the home as directed.

During on-site inspection the home was in a facility-wide outbreak. Inspector observed two staff members not wearing a mask on a unit, additionally inspector observed staff wearing masks under their nose.

Sources: Inspector observations February 26 and 27, 2025, and Policy: Universal PPE Strategy, Reviewed February 11, 2025.

WRITTEN NOTIFICATION: Attestation

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

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Non-compliance with: O. Reg. 246/22, s. 270 (3)

Attestation

s. 270 (3) The licensee shall ensure that the attestation is submitted annually to the Director.

The licensee failed to ensure that the Emergency Planning Attestation Form was submitted annually, by the required date in 2024, to the Director.

Sources: Interview with Administrator and review of submitted Attestation Form.