

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: June 25, 2025

Inspection Number: 2025-1129-0002

Inspection Type:

Proactive Compliance Inspection

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): June 17-19, 2025.

The following intake(s) were inspected:

- Intake: 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
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

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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. 271 (1) (e)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(e) the current report required under subsection 168 (1);

The licensee failed to ensure that the current continuous quality improvement report was posted on the home's website. The home posted the current continuous quality improvement report to their website and notified the inspector.

Sources: Review of the homes website.

Date Remedy Implemented: June 18, 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

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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 failed to conduct a resident and family / caregiver satisfaction survey at least annually.

Sources: An interview with Director of Care (DOC).

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee failed to seek the advice of the Residents' Council in carrying out the resident and family/caregiver experience survey and acting on its results.

Source: An interview with a Resident, and the DOC.

WRITTEN NOTIFICATION: Licensee obligations if no Family Council

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

Non-compliance with: FLTCA, 2021, s. 65 (7)

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,

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- (a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and
- (b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee failed to ensure that the home advised residents' families and persons of importance to residents of the right to establish a Family Council; and convene semi-annual meetings to advise such persons of the right to establish family council.

Sources: An interview with Program & Supports Manager.

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

The licensee failed to ensure that the air temperature was measured and documented in writing, in at least two resident bedrooms in different parts of the home.

Sources: Interviews with the Environmental Services Manager.

WRITTEN NOTIFICATION: Air temperature

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

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Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee failed to ensure that the air temperature was documented every afternoon and every evening or night.

Sources: Interviews with the Environmental Services Manager.

WRITTEN NOTIFICATION: Nursing and personal support services

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

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to ensure that there was a written record of the annual review and evaluation of the staffing plan for nursing and personal support services.

Sources: The homes staffing plan; and an interview with DOC.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

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

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee failed to comply with their Nutritional care and hydration program.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to have a Nutritional care and hydration program that must be complied with. Specifically, the home did not comply with the Temperatures of Food at Point of Service policy when staff did not document food temperatures during meal services.

Sources: Temperatures of Food at Point of Service policy, food temperature log sheets dated specific days; and an interview with the Food Services Manager.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee failed to implement IPAC Standard Additional Requirement 9.1 (b) for Routine Practices issued by the Director with respect to infection prevention and

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control, when hand hygiene was not completed by staff during a meal.

Sources: Observations of a meal service on a specific date; and an interview with DOC.

WRITTEN NOTIFICATION: Quarterly Evaluation

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

Non-compliance with: O. Reg. 246/22, s. 124 (1)

Quarterly evaluation

s. 124 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 246/22, s. 124 (1).

The licensee failed to ensure that an interdisciplinary team including the Medical Director, the Administrator and the pharmacy service provider meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

Source: An interview with the DOC.

WRITTEN NOTIFICATION: Continuous quality improvement committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (1)

Continuous quality improvement committee

s. 166 (1) Every licensee of a long-term care home shall establish a continuous

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quality improvement committee.

The licensee failed to ensure that the long-term care (LTC) home had established a continuous quality improvement committee (CQI).

Sources: Quality Improvement Plan (QIP); and an interview with DOC.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2)

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

1. The name and position of the designated lead for the continuous quality improvement initiative.
2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.
4. A written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.
5. A written record of,
 - i. the date the survey required under section 43 of the Act was taken during the fiscal year,
 - ii. the results of the survey taken during the fiscal year under section 43 of the Act,

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and

iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

6. A written record of,

i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,

iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and

v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the home's continuous quality improvement initiative report met all the requirements as set out in s. 168 (2). Specifically, the home did not provide a written description of a process for identifying priority areas for quality improvement based on the recommendations of the continuous quality improvement committee.

Sources: Quality Improvement Plan (QIP); and an interview with DOC.

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