

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 20, 2026

**Inspection Number:** 2026-1535-0003

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** The Board of Management for the District of Nipissing East

**Long Term Care Home and City:** Cassellholme, North Bay

## INSPECTION SUMMARY

This is a modified inspection report to correct an error under previously issued compliance orders section related to personal information (PI).

The inspection occurred onsite on the following dates: March 16-20, 2026 and offsite on the following dates: March 16-17, 2026

The following intakes were inspected:

- ▢ One follow-up intake related to resident bathing.
- ▢ One follow-up intake related to water temperatures being within range.
- ▢ Two complaint intakes related to concerns of improper care of a resident.
- ▢ One intake related to alleged improper care of resident.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2026-1535-0001 related to O. Reg. 246/22, s. 37 (1)

Order #002 from Inspection #2026-1535-0001 related to O. Reg. 246/22, s. 96 (2) (g)

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

Resident Care and Support Services  
Medication Management  
Safe and Secure Home

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

NC #001 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.

A resident did not receive the care outlined in their plan of care on a specified date.

**Sources:** A resident's care plan and progress notes; and an interview with the Director of Care (DOC).

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

1) On a specific date, a resident was observed with a specific intervention from their plan of care in place; however, a review of the resident's health record contained no documentation that the intervention was provided.

**Sources:** A resident's health record and an interview with the DOC.

2) A review of resident's electronic health record revealed that a specific documentation record for a specified time period contained multiple blank entries for tasks that were expected to be completed.

**Sources:** Critical Incident System (CIS) report and a resident's health record; and an

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interview with the DOC.

## WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #003 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:

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

The home was notified of an incident of alleged incompetent/improper care of a resident however did not report the incident to the Director until the following day.

**Sources:** CIS report and a resident's health record, and interviews with the DOC.

## WRITTEN NOTIFICATION: Plan of care

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

### Non-compliance with: O. Reg. 246/22, s. 29 (4) (a)

Plan of care

s. 29 (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

A review of a resident's clinical health record indicated that the initial nutritional risk assessment was not completed by the Registered Dietitian within 14 days of admission.

**Sources:** A resident's health record; and an interview with a staff member.

## WRITTEN NOTIFICATION: Dealing with complaints

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

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**Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.**

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

A written response to a complainant was not provided within the required timeline.

**Sources:** CIS report, a resident's health record, and the home's related policy; and interviews with the DOC.

**WRITTEN NOTIFICATION: Administration of drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

A drug was not administered to a resident as per the prescriber's directions.

**Sources:** A resident's health record and the home's related policy; and interviews with the DOC.

**COMPLIANCE ORDER CO #001 Medication management system**

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 123 (2)**

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing,

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receipt, storage, administration, and destruction and disposal of all drugs used in the home.

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

- 1) Develop and implement a documented process for oxygen therapy that specifically outlines the roles, expectations, and competencies of personal support workers (PSWs).
  
- 2) Develop and implement a written action plan, with specified timelines, describing how the home will ensure that all PSWs who provide care to residents receiving oxygen are supported through documented training and demonstrated competency.

**Grounds**

The home did not ensure compliance with O. Reg. 246/22, s. 140 (3)(b)(ii), which permitted personal support workers (PSWs) to administer drugs to residents only if they had received training in accordance with the home's written drug administration policies and protocols developed under s. 123 (2).

**Sources:** The home's related policy; and interviews with the DOC and other staff.

**This order must be complied with by May 1, 2026**

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).



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

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