

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:** September 10, 2025

**Inspection Number:** 2025-1424-0003

**Inspection Type:**

District Initiated  
Critical Incident

**Licensee:** Foyer Hearst - Mattice - Soins De Sante

**Long Term Care Home and City:** Foyer Des Pionniers, Hearst

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 25-28, 2025.

The following intake(s) were inspected:

- Two intakes related to resident falls that resulted in injury; and,
- One intake related to a District Initiated Intake regarding bed rails.

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

Resident Care and Support Services  
Safe and Secure Home  
Falls Prevention and Management

## 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 (1) (a)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident.

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The licensee has failed to ensure that the plans of care for two residents set out the planned care for the residents.

**Sources:** Inspector observations; two residents progress notes, and care plans; and, interviews with staff.

### WRITTEN NOTIFICATION: Plan of Care

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

**Non-compliance with: FLTCA, 2021, s. 6 (10) (c)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(c) care set out in the plan has not been effective.

The licensee has failed to ensure that when the care set out in a resident's plan of care was no longer effective related to falls prevention, that the plan of care was reviewed and revised.

The resident was to have a specific intervention in place, however, multiple staff indicated to the Inspector that the intervention was not being routinely utilized.

**Sources:** Inspector observations; a resident's care plan and progress notes; and, interviews with staff.

### WRITTEN NOTIFICATION: Doors in the Home

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

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The licensee has failed to ensure that doors leading to non resident care areas were kept closed and locked when not supervised by staff. The Inspector observed multiple doors being left open and unattended during the inspection.

**Sources:** Inspector observations.

### **WRITTEN NOTIFICATION: Reports to the Director**

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

**Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.**

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

The licensee has failed to ensure that when a resident fell and sustained an injury that resulted in a significant change in status, a report was submitted to the Director the next business day.

**Sources:** CI report; a resident's progress notes; and interviews with staff.

### **COMPLIANCE ORDER CO #001 Bed rails**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 18 (1) (a)**

Bed rails

s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident.

**The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 18 (1) (a) [FLTCA, 2021, s. 155 (1) (b)]:**

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The plan must include but is not limited to:

- a) the specific actions that will be taken to ensure that in every instance where bed rails are the used, the residents are assessed and the bed system evaluated to minimize risk to the residents;
- b) who is responsible for completing each of the actions;
- c) target and actual dates of completion for each of the actions, and,
- d) how the implemented actions will be evaluated to determine their effectiveness.

## Grounds

The licensee has failed to ensure that two residents were assessed and the residents' bed systems were evaluated to minimize risk to the residents.

Two resident were observed on multiple occasions during the inspection with multiple quarter side rails engaged at the head and foot of the residents' bed systems.

A review of the home's internal entrapment testing, that was completed in August 2024, only indicated that the two residents' bed systems had not been tested with the quarter rails engaged.

A review of the two residents' progress notes did not indicate that any assessment had been completed to determine the appropriateness of the bed rails for either resident.

The Director of Care (DOC) confirmed that not all bed systems had the entrapment audits completed.

**Sources:** Inspector observations of the two residents; care plan and progress notes for the two residents; internal entrapment audits; licensee policy; and, interviews with staff.

**This order must be complied with by** November 17, 2025

**This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.**

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## COMPLIANCE ORDER CO #002 Falls prevention and management

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

### Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

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

The licensee shall:

- a) Conduct a documented review of the licensee's policy related to fall prevention, ensuring that it includes all of the requirements identified in O.Reg 246/22, s. 54.;
- b) Develop and implement a written process to address assessment gaps identified during the review in (a), as well as ensuring that fall prevention interventions identified in the post fall assessments of individual residents are implemented in their plans of care
- c) Conduct weekly audits on all falls within the home for a period of four weeks to ensure that the appropriate assessments, including Morse Fall Risk Assessment and Head Injury Routine are being completed as falls, as well as ensuring that interventions are being implemented into the resident's plan of care;
- d) Ensure documentation is maintained for all the items identified in Part a), b), and c) of this order.

### Grounds

1 The licensee has failed to ensure that the licensee's policy titled "Falls Prevention and Management" was complied with. Specifically, the policy directed staff to complete a head injury routine after a resident sustained a fall, and to complete a Morse Fall Risk Assessment on admission and quarterly.

In accordance with O. Reg. 246/22, s. 11 (1) (b) the licensee is required to ensure that there was a fall prevention and management policy in place, and that it is complied with.

Two residents sustained falls on separate dates, however, there was no indication that the resident had a head injury routine completed after the fall. There was also no record

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of the resident having a Morse Fall Risk Assessment being completed.

**Sources:** Two residents progress notes, assessments, post fall assessments, and physical chart; licensee policy titled "Falls Prevention and Management"; and, interviews with staff.

2 The licensee has failed to ensure that strategies for fall prevention interventions were implemented for two residents.

Two residents sustained falls, and staff provided individualized fall prevention strategies to be implemented on the post fall assessment tool. These strategies were not trialed or implemented in an attempt to mitigate the risk of the two residents sustaining further falls.

**Sources:** Two residents progress notes, care plan and post fall assessment; and interviews with staff.

**This order must be complied with by** November 17, 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, 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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