

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 22, 2025

**Inspection Number:** 2025-1300-0001

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** Santé Manitouwadge Health

**Long Term Care Home and City:** Santé Manitouwadge Health, Manitouwadge

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: August 25 - 29, 2025.

The inspection occurred offsite on the following dates: September 4, 8 - 10, 2025.

The following intake was inspected:

-one intake for a Proactive Compliance Inspection.

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

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

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Windows

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

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

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee failed to ensure every window in the home that opened to the outdoors and was accessible to residents could not be opened more than 15 centimetres.

The windows in two resident rooms were able to be opened greater than 15 centimetres (cm).

**Sources:** Observations and interviews with staff members.

### **WRITTEN NOTIFICATION: Air temperature**

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

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

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee failed to ensure that the home consistently maintained temperatures at a minimum of 22 degrees Celsius.

**Sources:** Observations; Long-Term Care Home (LTCH) Air Temperature Log; and interviews with staff members.

### **WRITTEN NOTIFICATION: Documenting air temperatures**

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

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

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.

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

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

The license failed to ensure that during the calendar year, the air temperatures were being documented in writing in at least two resident bedrooms and one common area.

**Sources:** LTCH Air temperature logs; LTCH Policy titled, "Hot Weather Related Illness Prevention and Management Plan", revised July 2025; and interviews with staff members.

## WRITTEN NOTIFICATION: Required Programs

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee failed to ensure the skin and wound care management program was evaluated and updated annually.

**Sources:** Review of "Skin and wound care management program - B- 278, last reviewed/revised 04/16".; and interviews with the DOC and NM.

- b) The licensee failed to ensure the pain management program was evaluated and updated annually.

**Sources:** Review of "Pain Management - #237-last reviewed/revised 04/16"; and interviews with the DOC and NM.

## WRITTEN NOTIFICATION: Staffing plan

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

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

**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 licensee failed to ensure that there was a written staffing plan for the organized program of personal support services required under clause 11 (1) (b) of the Act.

The home provided a written staffing plan which did not include personal support services at that time.

**Sources:** LTCH staffing plan; and interviews with staff members, NM and the DOC.

### **WRITTEN NOTIFICATION: Evaluation of staffing plan**

NC #006 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 keep a written record of an annual evaluation of home's staffing plan. The home confirmed they did not maintain a written record of an annual evaluation of their staffing plan.

**Sources:** LTCH staffing plan; and interviews with NM and the DOC.

### **WRITTEN NOTIFICATION: Pain Assessment**

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

**Non-compliance with: O. Reg. 246/22, s. 57 (2)**

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's

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

pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A resident was prescribed a change to their analgesia due to reported pain and a pain assessment was not completed.

It was identified that the pain program did not include a clinically appropriate tool used to assess a resident's pain status.

**Sources:** Review of a resident's health care records and program titled "Pain Management - 237-last reviewed/revised 04/16"; and interviews with a staff member and the DOC.

## **WRITTEN NOTIFICATION: Evaluation**

NC #008 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 had failed to ensure that at least once in every calendar year, an evaluation was 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.

The policy in effect at the time of the inspection was last reviewed in 2023.

**Sources:** Review of the homes' policies titled "Abuse Definitions B-1" and "Abuse Prevention B-2" were last reviewed, revised 2023; and interviews with the DOC.

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

## WRITTEN NOTIFICATION: Continuous quality improvement committee

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

### Non-compliance with: O. Reg. 246/22, s. 166 (2)

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

1. The home's Administrator.
2. The home's Director of Nursing and Personal Care.
3. The home's Medical Director.
4. Every designated lead of the home.
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.
7. At least one employee of the licensee who is a member of the regular nursing staff of the home.
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.
9. One member of the home's Residents' Council.
10. One member of the home's Family Council, if any.

The home failed to ensure that the Continuous quality improvement committee was composed of all persons required for in the regulation.

The home provided a list of staff who were on the committee which did not include all persons as set out under O. Reg. 246/22 r. 166 (2).

**Sources:** Email from DOC, and interviews with staff members and the DOC.

## WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

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

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

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, 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

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

any, and members of the staff of the home.

The licensee failed to ensure that a report required under O. Reg. 246/22 r. 168 (1) contained all of the information under subsection (2)

A copy of the home's Continuous quality improvement initiative report was requested, but the documentation provided by the home did not fulfill all of the requirements under O. Reg. 246/22 r. 168 (2).

**Sources:** LTCH Resident and Family/Caregiver Experience Survey 2025; Operational Continuous Quality Improvement/Risk Management Program Audit; and interviews with residents, CQI Lead and DOC.

## **COMPLIANCE ORDER CO #001 Communication and Response System**

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

### **Non-compliance with: O. Reg. 246/22, s. 20 (b)**

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(b) is on at all times;

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

The licensee shall:

- a) conduct a review of the current resident-staff communication and response system;
- b) identify any gaps or deficiencies in the system;
- c) develop a plan to address the identified gaps and deficiencies; and
- d) document a), b) and c) and maintain the written record.

### **Grounds**

The licensee failed to ensure the home was equipped with a resident-staff communication and response system that was on at all times.

The call bell system was not in operation in three resident rooms when tested.

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

The failure to have the call bell system not working at times posed a moderate risk and impact to resident safety.

**Sources:** Observations of three resident rooms; and interviews with staff members.

**This order must be complied with by** November 7, 2025

## **COMPLIANCE ORDER CO #002 Pest control**

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 94 (2)**

Pest control

s. 94 (2) The licensee shall ensure that immediate action is taken to deal with pests.

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

The licensee shall:

- a) develop a written process to ensure that proactive steps are taken at regular intervals to identify any potential or actual concerns associated with pests;
- b) include in the written process, the steps to be taken to address without delay, the potential or actual concerns; and
- c) maintain a record of both a) and b).

### **Grounds**

The licensee failed to ensure that immediate action was taken to deal with pests.

Flies and ant type pests were observed in various areas in the home.

The failure to address the pervasive presence of pests posed a moderate risk and harm to the residents of the home.

**Sources:** Observations conducted during the inspection; and interviews with staff members.



**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

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

**North District**  
159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**This order must be complied with by November 7, 2025**

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

## 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

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

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).



**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

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

**North District**  
159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965