

**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:** August 6, 2025

**Inspection Number:** 2025-1283-0005

**Inspection Type:**

District Initiated

Critical Incident

Follow up

**Licensee:** Nipigon District Memorial Hospital

**Long Term Care Home and City:** Nipigon District Memorial Hospital, Nipigon

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 28 - 30, 2025.

The following intake(s) were inspected:

- An intake related to alleged physical abuse of resident by a resident.
- An intake related to Follow-up #: 1 - O. Reg. 246/22 - s. 121 3, Prohibited devices that limit movement.
- A District Initiated Intake related to Falls Prevention and Management.

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1283-0004 related to O. Reg. 246/22, s. 121 3.

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

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Responsive Behaviours  
Falls Prevention and Management  
Restraints/Personal Assistance Services Devices (PASD) Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that a written policy to promote zero tolerance of abuse and neglect of residents, was complied with.

Specifically, the staff did not comply with the home's policy titled "Zero Tolerance of Abuse and Neglect" concerning the response to an incident involving a resident altercation with another resident. Staff did not provide immediate action in a manner consistent with the policy, thereby failing to uphold the resident's safety and security.

**Sources:** Review of resident's health records including progress notes; Video footage; Home's policy: Zero Tolerance of Abuse and Neglect, last reviewed November 30, 2021; and interview with a Registered Practical Nurse (RPN).

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## WRITTEN NOTIFICATION: Responsive behaviours

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee failed to ensure that, for two residents, who demonstrated responsive behaviours, actions were taken to respond to the needs of the residents, including assessments, reassessments and interventions and that the residents' responses to interventions were documented.

**Sources:** Review of two residents' health care records and an interview with Behavioural Supports Lead (BSL).

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

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