

**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 23, 2025

**Inspection Number:** 2025-1602-0001

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Board of Management of the District of Kenora

**Long Term Care Home and City:** Northwood Lodge, Red Lake

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 9 - 12, 2025

The inspection occurred offsite on the following dates: June 16 - 19, 2025

The following intake was inspected:

- Intake: #00148795 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Medication Management  
Safe and Secure Home  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Staffing, Training and Care Standards  
Quality Improvement  
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: FLTCA, 2021, s. 85 (3) (r)**

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,  
(r) an explanation of the protections afforded under section 30; and

The licensee failed to ensure the whistle-blowing policy was posted in the home.

The whistle-blowing policy was not posted within the home. The DOC was informed and the policy was posted on June 12, 2025.

Sources: Observations conducted on June 10 and 12, 2025.

Date Remedy Implemented: June 12, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**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).

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The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 10.2 (c) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that the hand hygiene program for residents included assistance to perform hand hygiene before meals.

The provision of hand hygiene (HH) for residents was not observed prior to a meal service.

On another date, staff were observed assisting several residents with hand washing with wipes prior to a meal service.

Sources: Observations conducted on two dates; and an interview with a PSW.

Date Remedy Implemented: June 12, 2025

**WRITTEN NOTIFICATION: Plan of Care**

NC #003 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.

The licensee failed to ensure a resident received a specialized diet as per their plan of care.

The health care records for a resident indicated they were to be provided with a specialized diet. A meal service was observed and it was determined this resident had not received the ordered diet.

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Sources: Review of a resident's health care records; dietary sheets; and an interview with a staff member.

## **WRITTEN NOTIFICATION: Doors in the home**

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

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

Doors in a home

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

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - i. kept closed and locked,

The licensee failed to ensure that doors that residents do not have access to, were kept locked.

A door to an area of the home that residents were not to have access, was observed to be unlocked.

Sources: Observations conducted; and an interview with a staff member.

## **WRITTEN NOTIFICATION: General Requirements for Programs**

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

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

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sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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 has failed to keep a written record related to the yearly evaluation of the skin and wound care and the pain management programs, for the year 2024, that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the dates those changes were implemented.

The yearly evaluations of the programs were completed in January 2025, however the names of the persons who participated in the evaluations, a summary of the changes made, and the dates of the changes implemented were not documented.

Sources: interview with the Director of Care.

## **WRITTEN NOTIFICATION: Nursing and Personal Support Services**

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 has failed to keep a written record related to the yearly staffing plan

**Ministry of Long-Term Care**

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**North District**

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that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the dates those changes were implemented.

The yearly evaluation of the staffing plan for 2024 was completed in January 2025, however the names of the persons who participated in the evaluation, a summary of the changes made, and the dates of the changes implemented were not documented.

Sources: Home's policy titled, "Staffing Plan", policy number #ADM 235 and interview with Administrator.

## **WRITTEN NOTIFICATION: Dining Service**

NC #007 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 ensure that the nutritional programs included the development and implementation of policies and procedures relating to nutritional care.

Pursuant to O. Reg. 246/22 r. 11 (1) (b), the licensee was to ensure that written policies and procedures for monitoring food temperatures, including at point of service, and the licensee was required to ensure the policies and procedures were complied with.

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A meal service was observed and the food was served without temperatures taken at the point of service.

Sources: Review of the homes'/hospital policies titled, ""FOOD TEMPERATURE STANDARDS DOC. ID#: FNS-GA-I-04, Original Date: Mar-97" and "DIETARY SERVICES TO THE NORTHWOOD LODGE DOC. ID#: FNS-UPL-I-04, Original Date: Sep-99", Food temperature records; and interviews with staff members.

## **WRITTEN NOTIFICATION: Menu planning**

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

**Non-compliance with: O. Reg. 246/22, s. 77 (2) (c) (iii)**

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle, (c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration, (iii) current Dietary Reference Intakes (DRIs) relevant to the resident population. O. Reg. 246/22, s. 390 (1).

The licensee failed to ensure that the home's menu cycles were approved for nutritional adequacy by the Registered Dietitian (RD) with consideration of the current Dietary Reference Intakes (DRIs) relevant to the resident population.

The RD reported that the menu cycles were reviewed using Canada's Food Guide and not with the DRI's.

Sources: Interview with the RD.

## **WRITTEN NOTIFICATION: Dining Service**

**Ministry of Long-Term Care**

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**North District**

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

The licensee failed to ensure that the home had a dining and snack service that included course by course service of meals for each resident.

A resident was served dessert when they were being assisted with their main entree.

Sources: Observations of a meal service; and an interview a staff member.

**WRITTEN NOTIFICATION: Drug destruction**

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

**Non-compliance with: O. Reg. 246/22, s. 148 (2) 4.**

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

4. That drugs that are to be destroyed are destroyed in accordance with subsection (3). O. Reg. 246/22, s. 148 (2).

The licensee failed to ensure that the drug destruction and disposal policy identified that controlled substances or narcotic drugs that were to be destroyed were destroyed in accordance with subsection (3). O. Reg. 246/22, s. 148 (2).

The homes' policy, specific to Northwood Lodge, identified that "narcotics/sedatives



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no longer required are destroyed by the Pharmacy".

The DOC further clarified, the controlled substances or narcotic drugs were not destroyed by a team, comprised of the two individuals as required under subsection (3).

Sources: Review of the homes' policy titled, "Addendum to Medication Management System Policies and Procedures, last reviewed January 2025"; and an interview with the DOC.

## **COMPLIANCE ORDER CO #001 Housekeeping**

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

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

The licensee shall:

1. Review and revise the homes' IPAC Cleaning and Disinfection policy to include specific details on which product is to be used on which contact surfaces.
2. Provide training to all identified staff on the proper use of products for the disinfection of contact surfaces.

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3. Keep a documented record of the policy revision, the training content, and the staff names that received the training.

**Grounds**

The licensee failed to ensure that procedures were developed and implemented for the cleaning and disinfection of contact surfaces, using at minimum a low level disinfectant.

A staff member reported and demonstrated the use of a cleaning solution that was used for cleaning and disinfection of contact surfaces, that was not a low level disinfectant.

Sources: Interview with a staff member and the DOC; observations of the housekeeping cart and the housekeeping storage room; and review of the homes' policy titled, "IPAC cleaning and disinfection - OHS 470 - last reviewed 01/25".

**This order must be complied with by July 18, 2025**

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## REVIEW/APEAL 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)

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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

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

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**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).