

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: October 1, 2025

Inspection Number: 2025-1603-0004

Inspection Type:
Proactive Compliance Inspection

Licensee: Board of Management of the District of Kenora

Long Term Care Home and City: Princess Court, Dryden

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 23-25, 2025.

The following intake was inspected:

-One intake related to a Proactive Compliance Inspection.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- 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

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Air Temperature

NC #001 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 was maintained at a minimum temperature of 22 degrees Celsius.

Upon a two-week review of the home's Weekly Temperature Log, the air temperature was below 22 degrees Celsius.

Sources: Weekly Temperature Logs, Resident room observations, interviews with a resident and the Environmental Service Manager (ESM).

WRITTEN NOTIFICATION: General Requirements for Programs

NC #002 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 the staffing plan, 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.

Sources: Interview with the Administrator.

WRITTEN NOTIFICATION: Nutritional care and hydration

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programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

The licensee has failed to comply with their organized program of nutrition care and dietary services, when dietary staff members did not consistently obtain and recorded food temperatures.

In accordance with O. Reg 246/22, s. 11 (1) b, it requires the program to include the implementation of interventions to manage risks related to nutrition care and dietary services, and must be complied with.

Specifically, the staff did not comply with the home's Food Temperature policy last reviewed in October 2023, which indicated that "All food will be monitored during hot holding, reheating and serving food items in main food production areas and all serving areas".

Sources: Dining Room Observation; review of the home's policy Food Temperature policy last reviewed in October 2023, interview with Dietary Aide (DA) #106, and the FSM.

WRITTEN NOTIFICATION: Menu planning

NC #004 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).

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The home has failed to ensure that the current Dietary Reference Intakes (DRIs) were being used by the home for nutritional adequacy relevant to the resident population.

Sources: Dining room observations; review of the daily and weekly menus, and an interview with Registered Dietitian (RD) #117.

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (3)

Menu planning

s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) 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 the changes were implemented. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that prior to being in effect, a written record was kept related to their menu planning evaluation, the date of the evaluation, the persons who participated, and the summary of the changes made, and the date of when those changes were implemented.

Sources: Dining Room observations, record review of the posted dietary menu, and an interview with the FSM.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #006 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 has failed to ensure that their dining service included meals that were

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served course-by-course for residents.

Sources: Dining room observation; review of residents' clinical records; review of the home's policy titled, "Supervision During Mealtimes and "Dining Experience Checklist", review date October 2023, and an interview with the Food Service Manager (FSM).

WRITTEN NOTIFICATION: Safe Storage of Drugs

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The licensee failed to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

Sources: Observations in the emergency narcotic supply metal cabinet, Narcotics and Controlled Drug policy 140, interviews with the Director of Care (DOC) and other staff.



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

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