

**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:** May 5, 2025

**Inspection Number:** 2025-1522-0001

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Anson General Hospital

**Long Term Care Home and City:** South Centennial Manor, Iroquois Falls

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: April 28-30, 2025 and May 1-2, 2025

The following intakes were inspected:

- One intake regarding an infectious disease outbreak.
- One intake regarding concerns about improper transfers.

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

Resident Care and Support Services  
Infection Prevention and Control  
Safe and Secure Home

## INSPECTION RESULTS

**WRITTEN NOTIFICATION: Plan of care - When reassessment, revision is required.**

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

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

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,  
(b) the resident's care needs change or care set out in the plan is no longer necessary

The licensee has failed to ensure that a resident's plan of care was updated after reassessment revealed changes in their care needs.

Sources: A resident's electronic health record and bedside care poster; and an interview with a resident and registered staff member.

**WRITTEN NOTIFICATION: Doors in home**

NC #002 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.

The licensee has failed to ensure that a door leading to a non-residential area was kept closed and locked when unsupervised by staff.

Sources: Observations; and interviews with the Director of Care (DOC) and a staff member.

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**COMPLIANCE ORDER CO #001 Plan of care**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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

**The inspector is ordering the licensee to comply with a Compliance Order**

**[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

a) Review and update the care plans for two identified residents to include specific interventions that support their needs and dignity. Specify all necessary equipment and assistance required throughout the provision of these interventions based on the residents' assessed needs.

b) Review the changes made in section a) with all registered and direct care staff and maintain records of these reviews.

c) Develop and implement a documented audit process to ensure frontline registered staff regularly review resident care plans. This process should verify that the planned care is documented, appropriate, and specifies the equipment to be used, as required by the Act.

**Grounds**

The licensee has failed to ensure that the planned care for specified residents was included in their written plan of care.

**Rationale and Summary**

1) A review of a resident's care plan revealed that some interventions and

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equipment were not identified for specific care needs, which placed the resident at risk of receiving inconsistent care.

Sources: A resident's care plan and the licensee's policy for a specific care need; and interviews with the DOC and other staff members.

2) A review of a resident's care plan revealed that some interventions and equipment were not identified, which led to staff using various and inconsistent interventions, increasing the resident's risk for injury.

Sources: Observation of a resident; a resident's care plan, the licensee's policy for a specific care need, the Owner's Manual for a specific type of equipment; and interviews with the DOC and other staff members.

**This order must be complied with by May 16, 2025**

**COMPLIANCE ORDER CO #002 Transferring and positioning techniques**

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

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

The licensee shall:

a) Review and update the care plans for identified residents, along with any other residents requiring the specified assistance. Identify the level of assistance, the number of staff necessary, and the specific equipment required.

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b) Conduct a documented review of the specified equipment in the home to ensure clear identification and tracking.

c) Create a documented system and schedule for inventory of the specified equipment, clearly designating the person(s) for responsible for its oversight.

d) Review and update the home's specified program to include, but not be limited to:

- Risks associated with using the specified equipment.
- Equipment assessments.
- Importance of compliance with the specified staff assistance and correct use of the specified equipment.
- How to locate information about the required level of assistance and equipment needed for each resident.
- Descriptions of all specified equipment, including all specified information.
- Steps to take if the specified equipment is not available.
- Required education and training on orientation and annually.
- Equipment inventory management.
- Auditing for compliance.

e) Re-train all direct care staff on the information outlined in section c), emphasizing the importance of compliance with all residents. Maintain a written record of the training, including the content, dates, and names of attendees.

f) Conduct audits for each resident requiring the specified assistance. The audits must include observations of staff members providing the specified care and using the specified equipment. Continue auditing each resident home area where the specified care and equipment are used until compliance is demonstrated. Maintain records of the audits and any corrective actions taken for identified deficiencies.

**Grounds**

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The licensee has failed to ensure that staff used safe transferring devices and techniques when providing care assistance to identified residents.

**Rationale and Summary**

1) Specifically, staff used equipment to provide a specific type of care to a resident without the appropriate level of assistance, which placed the resident at risk of injury.

Sources: A complaint; a resident's electronic health record; the licensee's policy; and interviews with a resident, the DOC and other staff members.

2) Specifically, staff used incorrect equipment and, on multiple occasions, operated other equipment improperly, during the provision of care for a resident, which resulted in an injury to the resident and increased their risk for additional injury.

Sources: Observation of a resident; a complaint; a resident's care plan; the licensee's policy, instruction sheet and user manual for specific equipment; and interviews with a resident, the DOC, and other staff members.

**This order must be complied with by June 6, 2025**

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

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**Related to Compliance Order CO #002**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

O. Reg. 79/10 s. 36

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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).