

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 20, 2025

Inspection Number: 2025-1522-0004

Inspection Type:
Proactive Compliance Inspection

Licensee: Anson General Hospital

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 11 - 15, 2025

The following intake was inspected:

- Intake: #00154568 - Proactive Compliance Inspection

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

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

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WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee failed to ensure to seek the advice of the Residents' Council and the Family Council, in carrying out the Resident and Family/Caregiver Experience Survey and in acting on its results.

Sources: Interviews with a Residents' Council member, Family Council President, and DOC.

WRITTEN NOTIFICATION: Windows

NC #002 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 that every window that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimeters.

During the initial tour of the long-term care home (LTCH), windows in a resident room and the Montessori room were observed to be able to be opened greater than 15 centimeters. The Montessori room is located within a residential area of the LTCH and accessible to residents, posing a risk to resident's safety.

Sources: Inspector observations; interview with maintenance staff.

WRITTEN NOTIFICATION: Cooling requirements

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

Non-compliance with: O. Reg. 246/22, s. 23 (2) (e)

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum, (e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 246/22, s. 23 (2); O. Reg. 66/23, s. 3 (1).

The licensee has failed to ensure that their heat illness prevention and management plan included a protocol for communicating this plan to residents, staff, volunteers, substitute decision makers, visitors and the residents' council and family council of the home.

Sources: The home's Heat illness plan.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: O. Reg. 246/22, s. 29 (3) 11.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

11. Seasonal risk relating to heat related illness, including protective measures required to prevent or mitigate heat related illness.

The licensee has failed to ensure that a resident's plan of care was based on protective measures required to prevent or mitigate heat related illness. Specifically, the home did not have protective measures indicated in a resident's plan of care for heat related illness based on the completed risk assessment. As well, RAI-Coordinator confirmed that any resident's with low or moderate risk of heat illness, did not have care planned interventions for protecting or mitigating heat related illness.

Sources: A residents' health care records; Interviews with DOC and RAI-Coordinator.

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WRITTEN NOTIFICATION: Nursing and Personal Support Services

NC #005 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 provide a written record of the annual evaluation of the staffing plan.

Interview with the Director of Care, identified the home has a staffing plan and it is reviewed annually, however, there is no written record or documentation of their staffing plan evaluation, to support this.

Sources: Staffing plan titled, “Staffing Procedure-RN in Charge day shift”; interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Menu planning

NC #006 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 has failed to ensure that prior to being in effect, the menu cycle was approved for nutritional adequacy while taking into consideration the current Dietary Reference Intakes (DRIs) relevant to the resident population. Specifically, no DRI's

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were being utilized for the home's Summer 2025 Menu Evaluation.

Sources: Review of the Summer 2025 Menu Evaluation; Interview with Registered Dietitian (RD).

WRITTEN NOTIFICATION: Food production

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

Non-compliance with: O. Reg. 246/22, s. 78 (2) (d)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu;

The licensee has failed to ensure that their organized food production system in the home was followed. In accordance with O. Reg. 246/22, s. 11 (1) (b), the home was required to ensure that their system for food production was complied with. Specifically, the home failed to ensure that their pureed texture was prepared in accordance with the planned menu. On August 13, 2025, Inspector observed and confirmed with the homes Food Service Manager (FSM), that the pureed food that was being served was not pureed adequately for this modified texture.

Sources: Inspector observations; Interview with FSM.

WRITTEN NOTIFICATION: Administration of Drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (3) (b) (ii)

Administration of drugs

s. 140 (3) Subject to subsections (4) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless,

(b) where the administration does not involve the performance of a controlled act under

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subsection 27 (2) of the Regulated Health Professions Act, 1991, the person is,
(ii) a personal support worker who has received training in the administration of drugs in accordance with written policies and protocols developed under subsection 123 (2), who, in the reasonable opinion of the licensee, has the appropriate skills, knowledge and experience to administer drugs in a long-term care home, who has been assigned to perform the administration by a member of the registered nursing staff of the long-term care home and is under the supervision of that member in accordance with any practice standards and guidelines issued by the College of Nurses of Ontario, and who,
(A) meets the requirements set out in subsection 52 (1) or who is described in subsection 52 (2), or
(B) is an internationally trained nurse who is working as a personal support worker. O. Reg. 66/23, s. 28 (1). Or

The licensee has failed to ensure that a personal support worker had received training in the administration of medicated creams in accordance with written policies and protocols, prior to administering medications to residents.

Interview with an RPN, identified that the PSWs are applying medicated creams to the residents under the direction of the nurses. Interview with a PSW, identified they have applied medicated creams to the residents, and have had no specific training to apply the physician ordered creams.

Sources: Policy titled, "CareRX, Section 5: The Medication Pass: policy No: 5.6" reviewed date, July 31, 2024; interview with the DOC and other staff.



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

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