

**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

<b>Original Public Report</b>	
<b>Report Issue Date:</b> April 6, 2023	
<b>Inspection Number:</b> 2023-1042-0002	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Wikwemikong Nursing Home Limited	
<b>Long Term Care Home and City:</b> Wikwemikong Nursing Home, Wikwemikong	
<b>Lead Inspector</b> Jennifer Nicholls (691)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Amy Geauvreau (642)	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred onsite on the following date(s): March 6, 7, 8, 9, 10, 14, 15, 2023                      The inspection occurred both onsite and offsite on the following date(s): March 13, 14, 15, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• One Intake for PCI Inspection</li> </ul>

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement

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Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### 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 (5) (d)

The licensee has failed to ensure that documentation required related to a) the results of the resident and family satisfaction surveys and b) actions taken by the home to improve the long-term care home and made available during the inspection.

#### Summary and Rationale

The Inspector requested the documentation related to a) and b). The current Administrator indicated that they could not provide the records as requested and the documents were not available during the inspection.

There was minimal risk of harm related to the resident.

**Sources:** Failure to provide the documentation related to the "Resident and Family/Caregiver Experience Survey results; interviews with the Administrator, and other staff.

[691]



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

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