

**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> June 21, 2023	
<b>Inspection Number:</b> 2023-1468-0003	
<b>Inspection Type:</b> Complaint Critical Incident System	
<b>Licensee:</b> North of Superior Healthcare Group (fka The McCausland Hospital)	
<b>Long Term Care Home and City:</b> Wilkes Terrace, Terrace Bay	
<b>Lead Inspector</b> Shelley Murphy (684)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Jean-Pierre Nabarra de Bénégacq (000702)	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred onsite on the following date(s): May 16-18, 2023.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• One intake related to Long Term Care Home operations; and</li> <li>• One intake related to Improper/incompetent care of a resident.</li> </ul>

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

- Medication Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Recreational and Social Activities

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

O. Reg. 246/22, s. 267 (2)

The licensee failed to maintain visitor logs for a minimum of 30 days which included, at a minimum, the name and contact information of the visitor; the time and date of the visit; and the name of the resident visited.

Upon entering the home it was noted that there was no sign in sheet or book for visitors.

The inspector and a staff member went to the lobby to look for the sign in record sheet, and then the nursing desk at which time the staff member stated, "it's not here".

Upon reviewing the home's policy titled "Pandemic Planning-LTC COVID-19 Visitation Policy, IPC 083", last revised March 31, 2023, it did not indicate that visitors were to sign into the facility upon entering.

The LTC manager stated that the Infection Prevention and Control (IPAC) deficiency was corrected, the policy was updated and the sign in sheet for visitors was put in place.

While exiting the facility it was noted that the visitor sign in sheet was present.

Sources: IPAC Observations, Interview with a staff member and the LTC Manager, and the home's policy titled "Pandemic Planning-LTC COVID-19 Visitation Policy, IPC 083", last revised March 31, 2023, and the updated policy.

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Date Remedy Implemented: May 16, 2023

### WRITTEN NOTIFICATION: General Requirements for Programs

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**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

The licensee has failed to ensure that the following was complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation: The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

**Rationale and Summary**

During an interview with the LTC Manager they were asked to provide their annual evaluation of the nutrition and hydration program. They responded that they did not do that.

Risk to the residents related to this non-compliance was low.

**Sources:** LTC manager interview, no evidence of nutrition and hydration program evaluation.

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## **WRITTEN NOTIFICATION: Recreation and Social Activities**

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

Non-compliance with: O. Reg. 246/22, s. 71 (2) (b)

The licensee has failed to ensure that the program included, the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends.

**Rationale and Summary**

The activity calendar for the month of May 2023 had no scheduled evening activities. As well, two of the activities listed on the calendar did not occur. The Community Programs Coordinator stated the home did not have evening programs, and confirmed that two of the scheduled activities had not occurred.

The risk to the residents related to this non-compliance was low.

**Sources:** Activity Calendar, Resident and staff interviews, and the home's policy "Management of Recreation and Leisure Services" LTC CCC 024, last reviewed December 2019.

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## WRITTEN NOTIFICATION: Dining and Snack Service

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

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

The licensee has failed to ensure that the home had a dining and snack service that included, at a minimum, the following elements: Communication of the seven-day and daily menus to residents.

#### Rationale and Summary

While observing the lunch meal service, it was noted that there was no menu for residents to view.

A staff member stated there was a daily meal menu posted for the residents to see, which was located on the computer screen in the dining room. Upon observing the screen the menu was not present, the staff member then indicated that the menu stays on for 15 minutes and then goes off so you would have to log in again. When asked if there was a seven day menu posted for the residents to view they stated "In the kitchen, not on display for the residents to read at their convenience".

The next day during another meal service the menu was not on the computer screen for residents to view.

The dietary manager indicated the computer screen in the dining room was where the menu was posted, upon looking at the computer screen there was no menu visible. When asked about the seven day menu they stated "It is not posted, the residents can see it on the screen if they want, but not visible at this time".

The risk level for the residents related to this non-compliance was low.

**Sources:** Staff and dietary manager interviews, Computer screen observations in the dining room and the home's policy titled "Meal Services- Routine and Special Holidays" : LTC CCC 057, last reviewed January 2022.

[684]

## WRITTEN NOTIFICATION: Dining and Snack Service

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

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

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The licensee has failed to ensure that the home had a dining and snack service that included, at a minimum, the following elements; Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

**Rationale and Summary**

During a lunch dining observation, multiple residents were served two courses of their meal at the same time. The following day at breakfast, one resident was served three courses of their meal at the same time. This resident was asked if they requested to have all the courses of the meal served at the same time; the resident said no they always do that, then they do not have to go back and forth.

During an interview with the Dietary Manager they stated "They are not supposed to serve it all at once".

Risk to the residents related to this non-compliance was low.

**Sources:** Dining room observations, Resident's care plan, Resident, Staff and Dietary manager interviews, The home's policy titled "Meal Services- Routine and Special Holidays", LTC CCC 057, last reviewed January 2022.

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## WRITTEN NOTIFICATION: Infection Prevention and Control

**NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.

The licensee has failed to ensure that the infection prevention and control lead (IPAC) designated under this section works regularly in that position on site at the home for the following amount of time per week: In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

**Rationale and Summary**

The IPAC lead stated that they worked four to five hours per week in infection control, their primary role was nurse manager and IPAC lead was secondary.

**Sources:** Interviews with IPAC lead and LTC Manager.

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## COMPLIANCE ORDER CO #001 Weight Changes

### NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 75 1.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:** FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

The licensee shall:

- a) Develop and implement a practice to ensure that resident weights are consistently measured and recorded monthly, and consistent action occurs when a weight change is identified;
- b) Train all applicable staff on the updated process for measuring and recording resident weights;
- c) Implement a process to audit all resident weight records to ensure weight changes have been identified and the appropriate action was taken when a significant weight change occurred. The audits must continue for at least two consecutive months or longer should concerns be identified;
- d) Implement any necessary corrective action to address concerns identified during the auditing process; and,
- e) Documentation of the audits and corrective action must be maintained.

### Grounds

The licensee has failed to ensure that resident weight changes were assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated when the resident had a weight change of more than five per cent of their body weight over one month.

### Rational and Summary

Upon review of the Critical Incident (CI) it was noted that a resident had a notable weight change.

The weight tracking sheets showed that the resident had lost a significant amount of weight.

A staff member indicated that at the time when the critical incident occurred there was no process in place for reporting changes in resident weights. The resident weight records sheets showed that the weights were not consistently being checked.

By not ensuring that resident weights were assessed for changes it put the residents at high risk.

**Sources:** Critical incident report, Dietary Record, Medication Administration Record, Weight tracking

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sheets, staff interview, The home's policy titled "Resident Weight Changes, LTC CCC 059", Last revised March 2023.

[000702]

This order must be complied with by July 31, 2023

## COMPLIANCE ORDER CO #002 Food Production

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**  
FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

The licensee shall:

- a) Develop and implement a written practice for enteral feeds; including the process on when and how to reorder stock, how to maintain contingency stock, and a step by step process to follow should the required feed become unavailable;
- b) Retrain all pertinent staff involved on the updated enteral feed supply chain process including the dietitian;
- c) Conduct a documented audit every week for six weeks to ensure there is a 3 day supply of food and enteral feed for all residents at all times;
- d) Implement any necessary corrective action to address concerns identified during the auditing process;
- e) Documentation of the audits and corrective action must be maintained.

### Grounds

The licensee has failed to ensure that there was always 3 day enteral food supply on site.

### Rational and Summary

During an eight day period of time, there was no enteral feed in the facility.

The dietitian was aware that there was no enteral feed in the facility, however they did not order a new feed.

The LTC manager was asked if there was a three day supply of enteral feeds, they stated it was noticed

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that they were out of tube feed.

**Sources:** Critical incident report, dietary report, Interviews with staff, LTC manager, RD, and the Purchasing Department lead, The following home's policies titled "Enteral feedings, #LTC CCC 053", Last reviewed November 2022, "Meal Time Supervision LTC CCC 058", last reviewed March 2023; and, "Recording Food Fluid Intake, #LTC CCC 51", Last Revised January 2022.  
[000702]

**This order must be complied with by July 31, 2023**



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## REVIEW/APPEAL 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)

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

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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

**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).