

**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:** June 5, 2025

**Inspection Number:** 2025-1468-0002

**Inspection Type:**

Complaint

**Licensee:** North of Superior Healthcare Group (fka The McCausland Hospital)

**Long Term Care Home and City:** Wilkes Terrace, Terrace Bay

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 28 - 29, 2025

The following intake(s) were inspected:

- One intake related to a complaint regarding alleged neglect of resident.

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

Prevention of Abuse and Neglect  
Reporting and Complaints

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Integration of assessments, care

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

#### Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different

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aspects of care of the resident collaborate with each other,  
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee failed to ensure that the staff and others involved in the different aspects of care of a resident collaborated with each other, in the development and implementation of the plan of care so that the different aspects of care were integrated and were consistent with and complement each other.

A health concern was observed in a resident over a period of time. Staff did not collaborate in a timely manner to reassess the resident's care needs or update the care plan.

Sources: A resident's health records; complaint investigation file; Long-term Care Home (LTCH) policy titled "Plan of Care", last reviewed March 2023; interviews with staff and Long-Term Care (LTC) Manager.

## **WRITTEN NOTIFICATION: Documentation**

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee failed to ensure that the provision of care set out in the plan of care for a resident was documented.

Care that was provided to a resident was not documented. As a result, staff were not fully informed about the care that had been delivered.

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Sources: A resident's health records; complaint investigation file; LTCH policy titled "Plan of Care", last reviewed March 2023; LTCH policy titled "Documentation", last reviewed March 2023; interviews with staff and LTC Manager.

## **WRITTEN NOTIFICATION: Dealing with complaints**

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

**Non-compliance with: O. Reg. 246/22, s. 108 (5)**

Dealing with complaints

s. 108 (5) Where a licensee is required to immediately forward a complaint under clause 26 (1) (c) of the Act, it shall forward it in a form and manner acceptable to the Director, and,

(a) during the Ministry's normal business hours, to the Director or the Director's delegate; or

(b) outside normal business hours, using the Ministry's after hours emergency contact method.

The licensee failed to immediately forward any written complaint that it receives concerning the care of a resident, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

A written complaint was submitted to the home and it was not immediately forwarded to the Director.

Sources: Complaint investigation file and interview with LTC Manager.

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

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