

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:** September 12, 2025

**Inspection Number:** 2025-1468-0003

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** North of Superior Healthcare Group

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

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 25-29, 2025.

The inspection occurred offsite on the following date(s): September 2-5, 2025.

The following intake(s) were inspected:

- Intake: in relation to a Proactive Compliance Inspection.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- 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: General Requirements For Programs

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is 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:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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.

1. The licensee has failed to keep a written record in relation to the Pain program annual evaluation.

There were no written records of the annual evaluation for 2024 and recently for the current policy review, to identify the changes and updates to the Pain program.

**Sources:** Policy for the Pain Management Program; meeting minutes for the pain program; interview with the LTC Manager, and other staff.

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2. The licensee has failed to keep a written record in relation to the Skin and Wound program annual evaluation.

There were no written records for the annual evaluation for 2024 and recently for the current policy review, to identify the changes and updates to the Skin and Wound program.

**Sources:** Policy for the Skin and Wound Management Program; meeting minutes for the Skin and Wound program; interview with the LTC Manager, and other staff.

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## WRITTEN NOTIFICATION: Nursing and Personal Support Services

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

### Non-compliance with: O. Reg. 246/22, s. 35 (3) (e)

Nursing and personal support services

s. 35 (3) The staffing plan must,

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee failed to complete their annual evaluation of the Long-term Care home staffing plan for the Nursing and Personal Support Services (PSWs).

There were no staffing plan evaluations for the Long-term Care Nurses or PSWs for, 2024, and up to the end of the inspection.

**Sources:** Email document reviewed; policy titled, "Strategies to mitigate Staffing"; Policy titled, "Sick calls-in Policy"; and interview with the LTC Manager.

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## WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs

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

### Non-compliance with: O. Reg. 246/22, s. 74 (2) (b)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(b) the identification of any risks related to nutritional care and dietary services and hydration;

The licensee has failed to ensure that the nutrition and hydration program included the identification of related risks: a specific procedure was missing from their policy, a procedure that monitored the home's food items.

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**Sources:** Record reviews of safe food handling policy; Interviews with a Cook and the Nutrition Services Manager.

[000876]

### WRITTEN NOTIFICATION: Menu Planning

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

**Non-compliance with: O. Reg. 246/22, s. 77 (7)**

Menu planning

s. 77 (7) The licensee shall ensure that meals and snacks are served at times agreed upon by the Residents' Council and the Administrator or the Administrator's designate. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that meals and snacks were served at the agreed upon times, that had been approved by the Resident Council.

**Sources:** Inspector observations; Dietary, Nutritional and Hydration policy, Resident Council email correspondence.

[000876]

### WRITTEN NOTIFICATION: Food Production

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

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

Food production

s. 78 (2) The food production system must, at a minimum, provide for,  
(f) communication to residents and staff of any menu substitutions; and

The licensee has failed to ensure that menu substitutions were communicated to residents when a planned menu item was replaced.

**Sources:** Inspector observations; Food production policy, Interview with a Staff member.

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## WRITTEN NOTIFICATION: Dining and Snack Service

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

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

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.

The licensee has failed to ensure that the daily and weekly menus were communicated to residents when the inspector did not observe a weekly menu or daily menu posted.

**Sources:** Inspector observations, Food Production policy.

[000876]

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with additional requirement 10.4 (h) of the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that the hand hygiene program included support for residents to perform hand hygiene prior to receiving meals and snacks.

**Sources:** Inspector observations; IPAC Standard for Long-Term Care Homes issues April 2022, last revised September 2023; Interview with a PSW.

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[000876]

## WRITTEN NOTIFICATION: Quarterly Evaluation

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

### Non-compliance with: O. Reg. 246/22, s. 124 (2)

Quarterly evaluation

s. 124 (2) Where the pharmacy service provider is a corporation, the licensee shall ensure that a pharmacist from the pharmacy service provider participates in the quarterly evaluation. O. Reg. 246/22, s. 124 (2).

The licensee failed to ensure that a Pharmacist attended the quarterly evaluation for the medication management system to recommend any changes necessary to improve the system.

**Sources:** Document, titled, "Quality Focus Group (Session 1)"; interview with the Pharmacist, and the LTC Manager.

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## WRITTEN NOTIFICATION: Quarterly Evaluation

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### Non-compliance with: O. Reg. 246/22, s. 124 (5)

Quarterly evaluation

s. 124 (5) The licensee shall ensure that a written record is kept of the results of the quarterly evaluation and of any changes that were implemented. O. Reg. 246/22, s. 124 (5).

The licensee failed to ensure that a written record is kept of the results of the quarterly evaluation of the medication management system in the home and any changes that were implemented.

**Sources:** Document titled, Quality Focus Group (session 1); document titled, Patient Safety Incident Report Quality Management Audit report Patient Safety Incident Report- Wilkes Terrace; document titled, LTC Quality Improvement Sub Committee, Terms of



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Reference; and policies titled, Incident Reporting; and Hypoglycemia; Medication Errors/Discrepancies; interview with Pharmacist, LTC Manager, and other staff. [642]



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