

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

<b>Report Issue Date:</b> August 20, 2025
<b>Inspection Number:</b> 2025-1469-0003
<b>Inspection Type:</b> Complaint Critical Incident
<b>Licensee:</b> Algoma Manor Nursing Home
<b>Long Term Care Home and City:</b> Algoma Manor Nursing Home, Thessalon

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 11-15, 2025.  
The inspection occurred offsite on the following date(s): August 18, 2025.  
The following intake(s) were inspected:

- Two intakes related to outbreaks in the home; and,
- One complaint regarding dietary services.

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

Food, Nutrition and Hydration  
Infection Prevention and Control

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Personal items and personal aids

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

#### Non-compliance with: O. Reg. 246/22, s. 41 (1) (a)

Personal items and personal aids

s. 41 (1) Every licensee of a long-term care home shall ensure that each resident of the home has their personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items;

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The licensee has failed to ensure that each resident of the home had their personal items labelled within 48 hours of admission and of acquiring, in the case of new items.

During a tour of two tub rooms, unlabeled used nail clippers, deodorants and other personal items were observed by the tub and on the tub room counter. The Director of Care (DOC) acknowledged the personal items should have been labelled and returned to the residents' rooms after their usage.

Sources: interviews with a staff member and the DOC; observations of two tub rooms; record review of home's policy titled, "Personal Effects- Safety Guidelines.

#### **COMPLIANCE ORDER CO #001 Plan of Care**

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

#### **Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

#### **The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- a) Provide education to all dietary aides on the different food textures, the purpose of each texture and the potential risks to residents if an incorrect food texture is provided.
- b) Maintain a record of the education, including the content of the education, the date, and the staff member who provided the education.
- c) Conduct audits of residents who receive a therapeutic modified food texture at a minimum three times weekly, for a period of three weeks to ensure that residents are served the proper diet and texture. Implement corrective action to address any deficiencies identified through the auditing process.
- d) Maintain a record of the audits including the date, who conducted the audit, the results of each audit and actions taken in response to the audit findings.

#### **Grounds**

The licensee has failed to ensure that the care set out in the plan of care for residents was provided

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to the residents as specified in their plan.

During a meal observation, two residents were served the wrong texture meal.

Sources: observation of a meal service; interviews with two staff members; record review of two residents' plan of care and a book listing the diets of the residents which is kept in the servery.

**This order must be complied with by September 22, 2025**

### **COMPLIANCE ORDER CO #002 Menu planning**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 77 (2) (c)**

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,

(i) subsection (1),

(ii) the residents' preferences, and

(iii) current Dietary Reference Intakes (DRIs) relevant to the resident population. O. Reg. 246/22, s. 390 (1).

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

a) Develop and implement a written plan detailing the steps the home will take to ensure that all menu items are reviewed and approved for nutritional adequacy by the home's Registered Dietitian (RD), considering current Dietary Reference Intake (DRIs) as required by O. Reg. 246/22, s. 77 (2) (c), before implementing the approved menu.

b) The written plan shall be provided to an inspector upon request.

### **Grounds**

The licensee has failed to ensure that the menu cycle was approved for nutritional adequacy by a registered dietitian (RD) prior to being in effect.

The home's spring and summer menu was implemented in spring although the menu was not approved for nutritional adequacy by a RD as the protein content did not meet the recommended protein amount for long-term care residents, which also affected micronutrients and sodium content.

Sources: Quality and Nutrition Coordinator, a Registered Dietitian; Record review of the Menu



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Review by RDs, and email correspondence.

**This order must be complied with by September 5, 2025**

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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).



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