

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: March 11, 2026
Inspection Number: 2026-1283-0001
Inspection Type: Proactive Compliance Inspection
Licensee: Nipigon District Memorial Hospital
Long Term Care Home and City: Nipigon District Memorial Hospital, Nipigon

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 2-4, 9, 10, 2026
 The inspection occurred offsite on the following date(s): March 5, 6, 2026
 The following intake(s) were inspected:
 □ Proactive Compliance Inspection

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

- Contenance Care
- Skin and Wound Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: When reassessment, revision is required

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary;
or

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The licensee did not ensure that a resident's plan of care was updated when their care needs changed.

Sources: Observations of care being provided to a resident; Review of a resident's plan of care; and an interview with the home's Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Orientation

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

Non-compliance with: FLTCA, 2021, s. 82 (2) 11.

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

11. Any other areas provided for in the regulations.

The licensee did not ensure that two Personal Support Workers (PSWs) completed required orientation training for two identified programs in the home prior to providing direct care to residents in the home.

Sources: Observations in the home; Correspondence from the home's Administrator; and Interviews with PSWs, and the home's Administrator.

WRITTEN NOTIFICATION: General requirements

NC #003 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.

The licensee did not ensure that the home maintained a written record of their required

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program evaluations of two identified programs.

Sources: Correspondence from the home's DOC and Administrator; and an interview with the home's Administrator.



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

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